

Name
in
Full

Ann Catherine Albough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

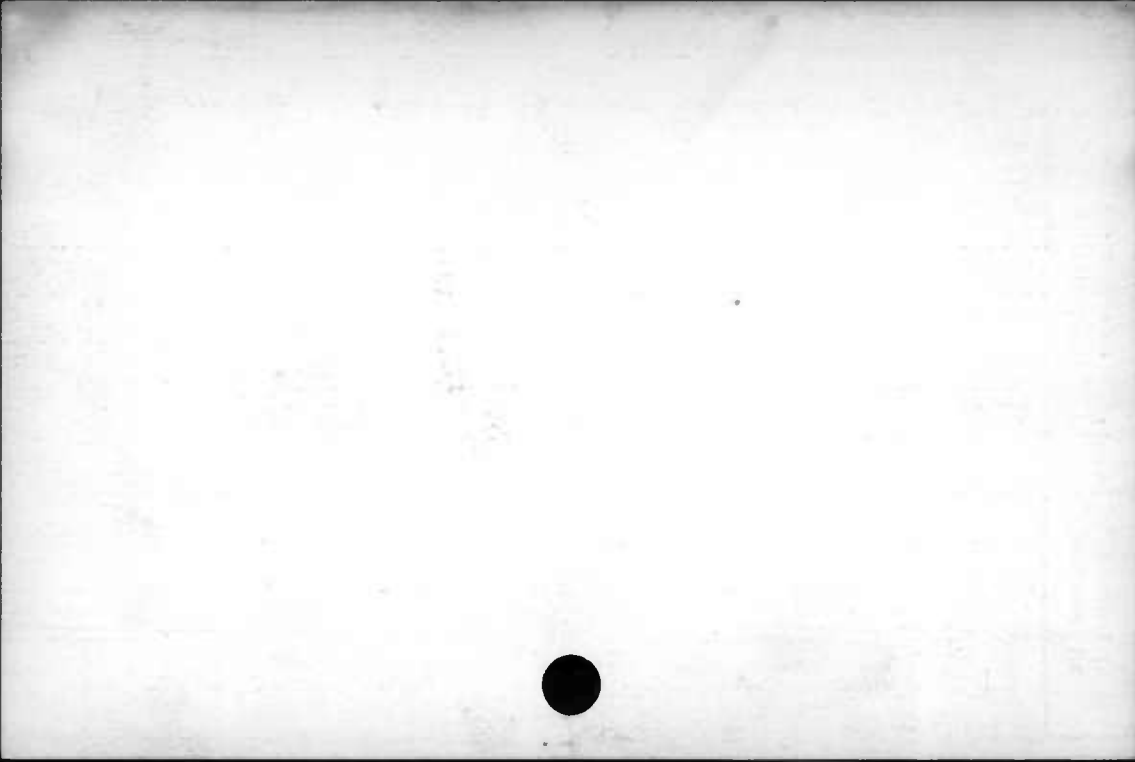
MARYLAND

Died at <i>Burkittsville</i>		County <i>Frederick</i>				
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>13</i>	Age <i>78</i>	Years	Months <i>2</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Fred Co Md</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Singleton Albough</i>					
Father's Name <i>Thomas Carste</i>	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Interstitial Nephritis</i>	How long <i>Years</i>
Immediate <i>Uremia</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo Fouttee</i>
	Address <i>Burkittsville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Barth
Rocky Ridge

Town

Albough
Frederick

County

MARYLAND

Date

of death 190

5

Nov.

Day

3

Age

Years

66

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Frederick Co. Md.

Married, Single
or Widowed

Married

Occupation

Housewife

Name of Wife or
Husband

George Albough

Father's
Name

William Valentine

Father's
Birthplace

Frederick Co. Md.

Mother's
Maiden Name

Lydia McHenry

Mother's
Birthplace

" " "

Name of person giving
Information

Maudie Todd

How related
to deceased

Son-in-law.

CAUSES OF DEATH

Primary

Rheumatism, paralysis

How long

8 mos.

Immediate

heart failure, general debility

How long

7 days

Are the name, age, sex, color, date
and place correctly given above?

Y/N

Signature of
Physician

A. H. Diller

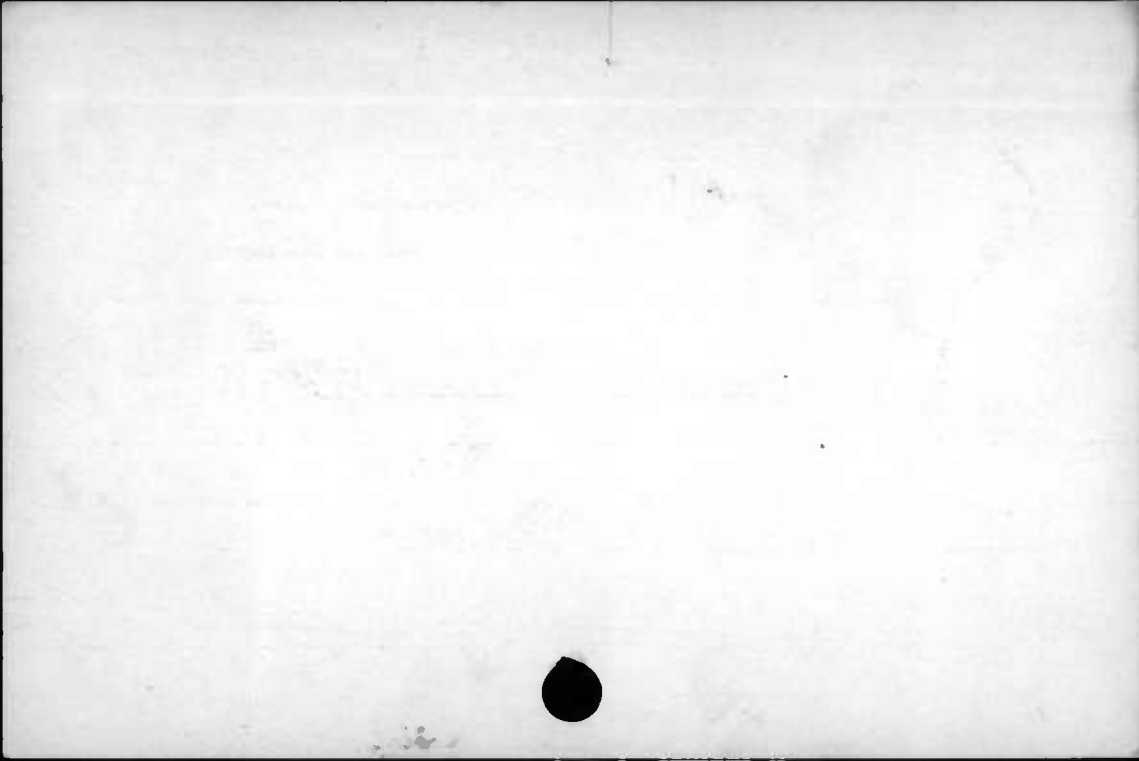
Address

Detour.

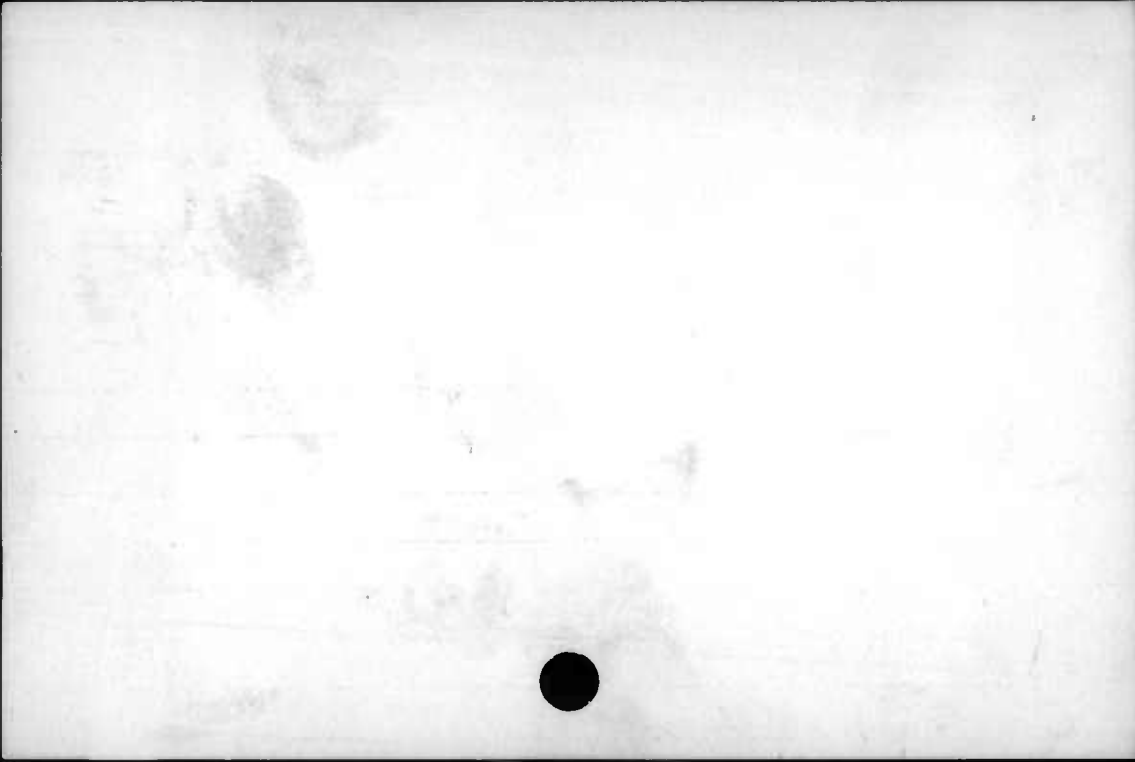
Maryland.

Accident or Suicide?

S



Name in Full		Mary Jane Arnold				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Head Post Office		County		MARYLAND		
	Date of death	1905	Month	June	Day	9	Age	61
	Sex	Female		Color or Race	White		Birth-place	6
	Occupation	Housewife		Where Residing if not at place of death		Md.		8
	Married, Single or Widowed	Widow		Name of Wife or Husband		Ezra Arnold.		
	Father's Name	Melvin Peyton.		Father's Birthplace		Md.		
	Mother's Maiden Name	Sarah Ashmun.		Mother's Birthplace		Md.		
Name of person giving information	Lucie Peyton		How related to deceased		Brother.			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Cerebral Hemorrhage				How long	about 3 hrs.	
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		C. H. Schuetzner.	
					Address		Ben Kellum, Md.	
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jas. W. Baker

Died at *Park Mills* Town *Frederick* County *MARYLAND*

Date of death 190 *5* Month *Nov* Day *23* Age *76* Years Months *2* Days

Sex *Male* Color or Race *White* Birth-place *Gettysburg Pa*

Married, Single or Widowed *Married* Occupation *Unable to work*

Name of Wife or Husband _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information _____ How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *A. of. plexy* How long *2 hrs.*

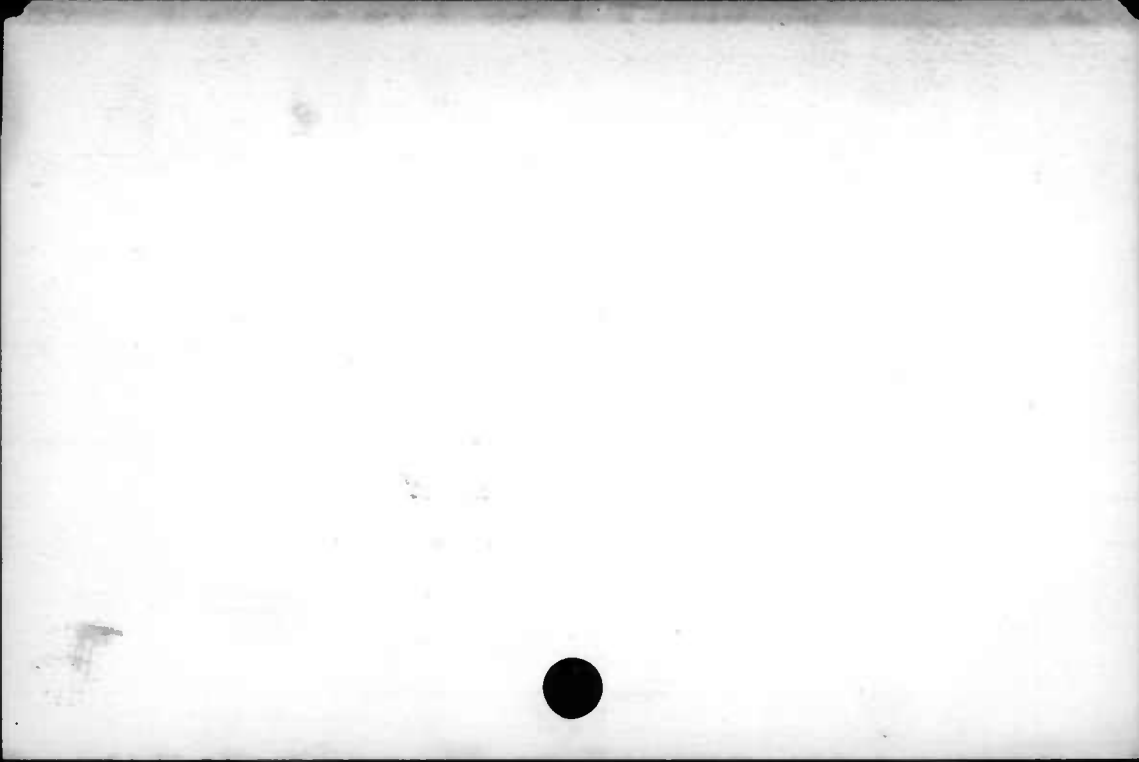
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Clyde Rountree*

Address *Buckhannon*

Accident or Suicide? ☐



Name
in
Full

Miss Clara Barton

CERTIFICATE OF DEATH

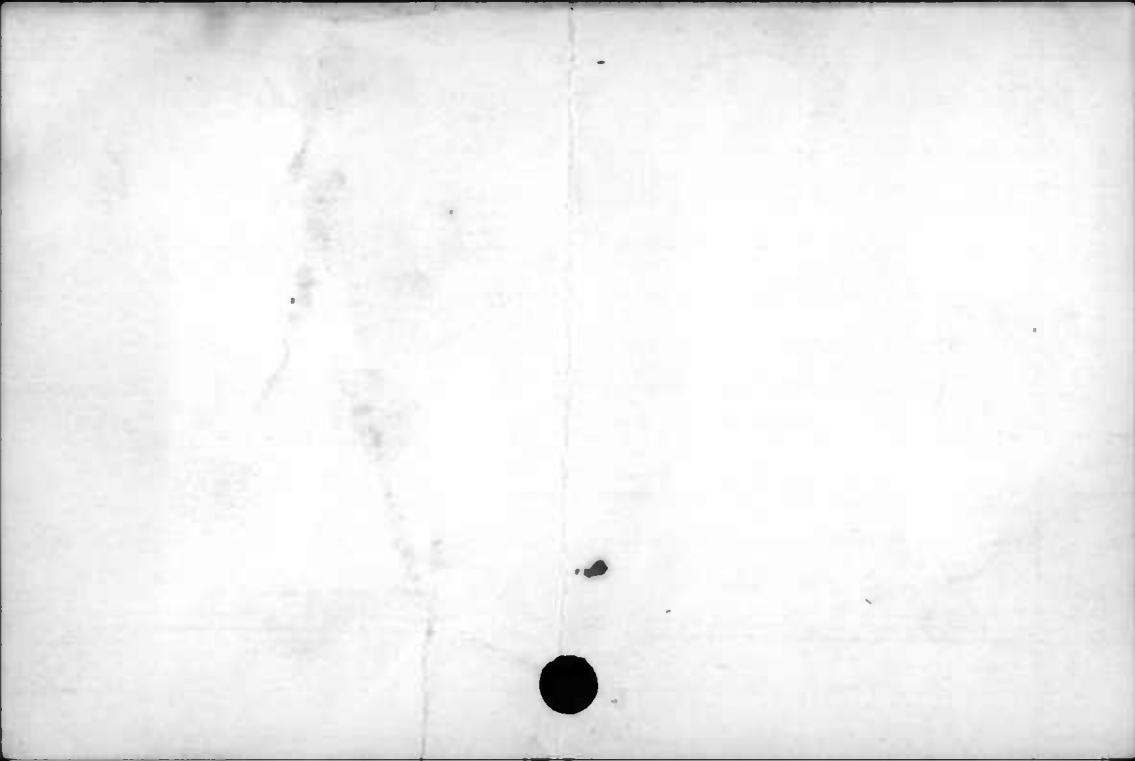
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>City-Hospital</i>		Town <i>Frederick City</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Nov</i>	Day <i>19</i>	Age	Years <i>49</i>	Months <i>3</i>	Days <i>28</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Homemaker</i>			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			<i>Nelson Barton</i>			
Father's Name	<i>Wm. J. Zoppa</i>			Father's Birthplace	<i>Maryland</i>		
Mother's Maiden Name	<i>Catherine M. Mirel</i>			Mother's Birthplace	<i>Maryland</i>		
Name of person giving information	<i>Nelson Barton</i>			How related to deceased	<i>Husband</i>		

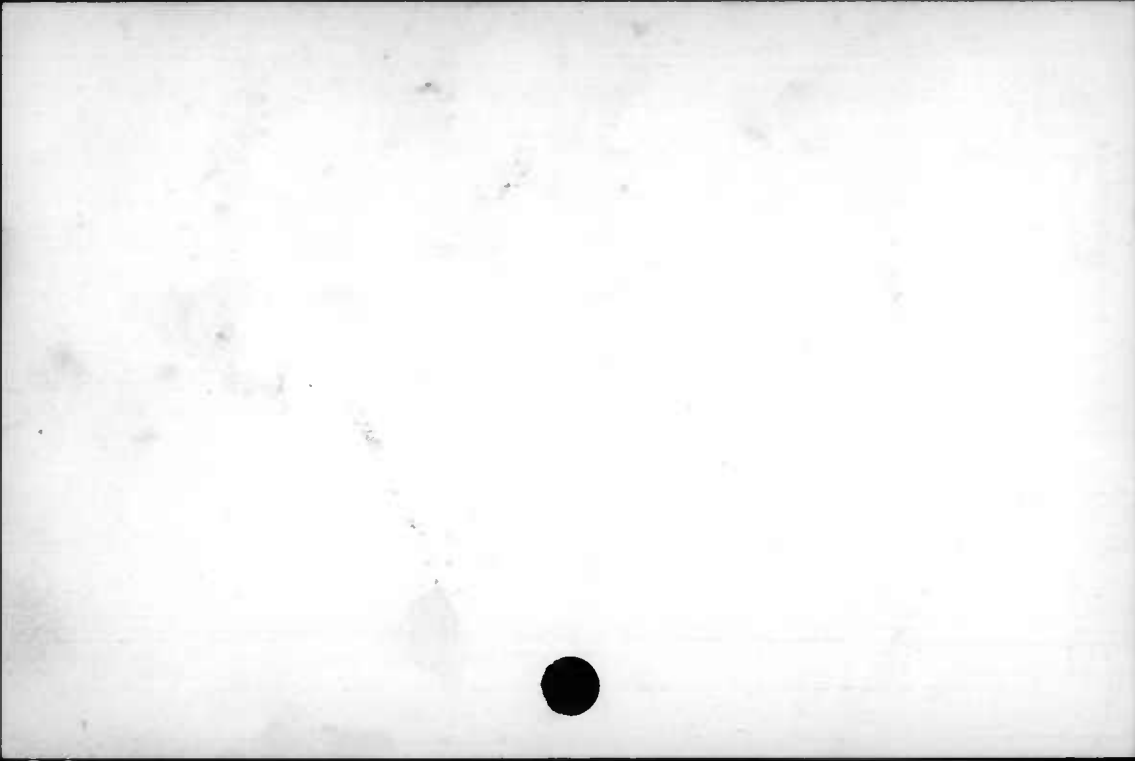
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of uterus</i>	How long	<i>2 years</i>
Immediate	<i>Shock following operation</i>	How long	<i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes.</i>		<i>I. B. Johnson</i>	
		Address	
		<i>Frederick, Md.</i>	
Accident or Suicide?			
<i>no.</i>			



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Frederick</i>				<i>Frederick</i>		MARYLAND			
		Date of death <i>1905</i>		Month <i>Nov.</i>	Day <i>15</i>	Age <i>71</i>	Years <i>11</i>	Months <i>15</i>	Days <i>15</i>		
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Prussia</i>					
		Occupation <i>Brick merchant</i>				Where Residing if not at place of death <i>at place of death</i>					
		Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Ellen Ford</i>							
		Father's Name <i>Ignatius Brookey</i>				Father's Birthplace <i>Prussia</i>					
		Mother's Maiden Name <i>Mary Grape</i>				Mother's Birthplace <i>"</i>					
		Name of person giving information <i>Ellen Ford</i>				How related to deceased <i>wife</i>					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary <i>Chronic Bronchitis</i>				How long <i>20 years</i>					
		Immediate <i>Exhaustion</i>				How long <i>2 weeks</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Labruce MD</i>					
						Address <i>23 E. Church St.</i>					
		Accident or Suicide? <i>Neither</i>				<i>Frederick Md.</i>					



Name
in
Full

Joseph Bruchey

CERTIFICATE OF DEATH

Died at

Pearl

Town

Frederick

County

MARYLAND

Date

of death 1905

Month

11

Day

15

Years

18

Age

Months

1

Days

Sex

male

Color or
Race

White

Birth-
place

Md

Occupation

Laborer

Where Residing if not
at place of death

X

Married, Single
or Widowed

Single

Name of Wife or
Husband

X

Father's
Name

Howard Bruchey

Father's
Birthplace

Md

Mother's
Maiden Name

Minnie Kirkells

Mother's
Birthplace

Md

Name of person giving
In formation

Howard Bruchey

How related
to deceased

Father

CAUSES OF DEATH

Primary

Traumatism

How long

15 days

Immediate

Tetanus

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

N. G. Long

City.

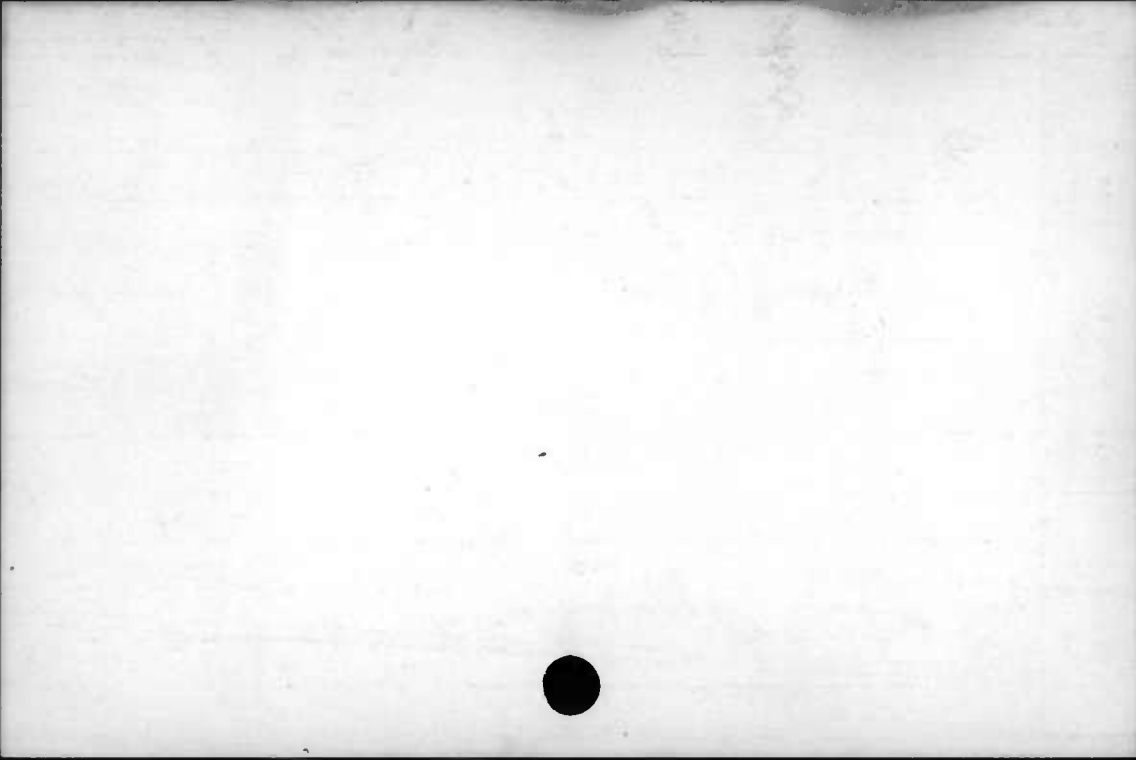
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mt. Olivet

T. P. Rice

Name in Full		Miss Clara A. Buerk				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Frederick</u>		Town <u>Frederick</u>		County, <u>Frederick</u>		STATE <u>MARYLAND</u>
	Date of death <u>1905</u>	Month <u>Nov.</u>	Day <u>17</u>	Age <u>42</u>	Years <u>42</u>	Months <u>8</u>	Days <u>4</u>
	Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Frederick md</u>		
	Occupation <u>Housekeeper</u>		Where Residing if not at place of death <u>at 28 Telegraph St Fredk</u>				
	Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>none</u>				
	Father's Name <u>Joseph Buerk</u>		Father's Birthplace <u>Germany</u>				
	Mother's Maiden Name <u>Mary Young</u>		Mother's Birthplace <u>Fredk Co.</u>				
	Name of person giving information <u>Joseph Buerk</u>		How related to deceased <u>Father</u>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<u>Passive Hyperaemia of Liver</u>			How long <u>2 weeks</u>	
	Immediate		<u>Cardiac Asthenia</u>			How long <u>3 days</u>	
	Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>		Signature of Physician <u>J. Buerk md.</u>		
	Accident or Suicide? <u>neither</u>		Address <u>23 E Church St</u> <u>Frederick</u>				



Name
in
Full

Little Burns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Petersville* Town*Fredereal-* CountyDate
of death *1901*Month
*Nov*Day
*10*Age
28

Months

Days

Sex
*Female*Color or
Race*Pleat-*Birth-
place*MD*

Occupation

*House work*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*John. Burns*Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Grave Comminution Frac. Leg

How long

7 days

Immediate

Malignant Oedema

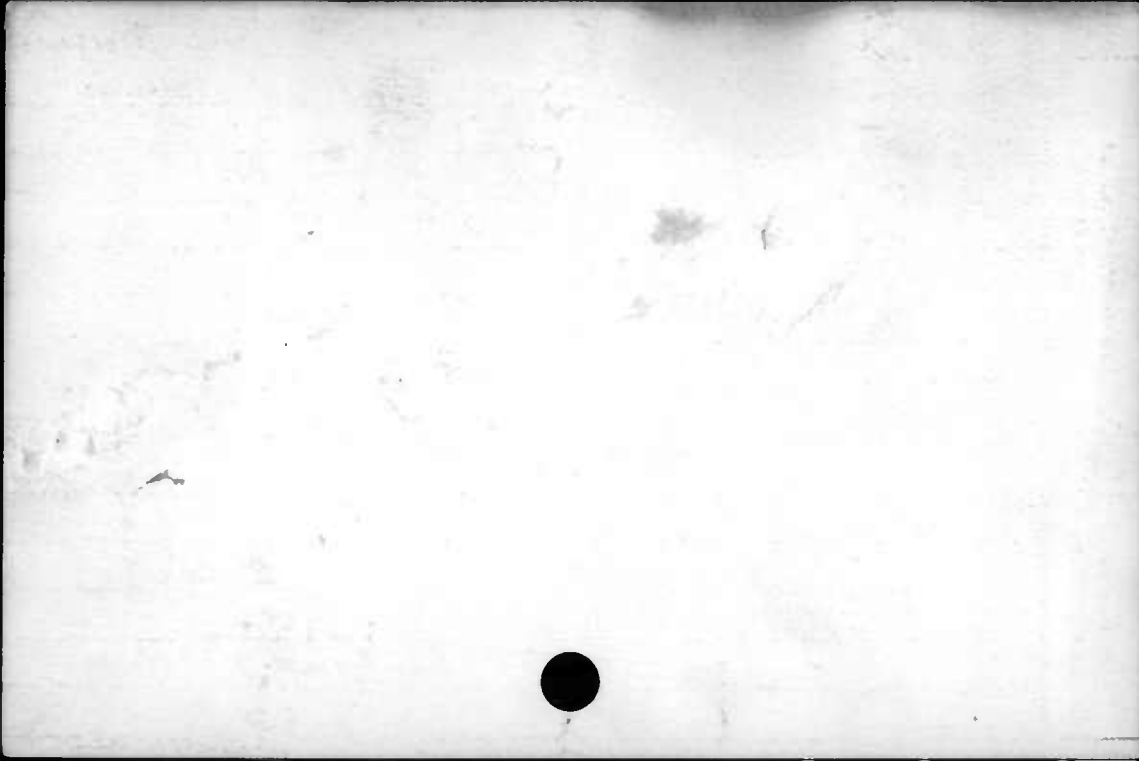
How long

*2 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Levin West-*

Address

*Burnsville**MD*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Hill</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov.</i>	Day <i>24</i>	Age <i>61</i>	Years <i>61</i>	Months <i>9</i>	Days <i>29</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband <i>Minnie M. Carty</i>							
Father's Name <i>Geo. W. Carty</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Theba Ann Gibson</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Minnie M. Carty</i>				How related to deceased <i>wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis (Chronic) & General arterio-sclerosis</i>	How long <i>years</i>
Immediate <i>Myocardial infarction (General) & heart failure (thoracic)</i>	How long <i>one year (about)</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. H. Stake M.D.</i>
	Address <i>Myersville, md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Theresa Frederick		County		MARYLAND	
Date of death	1905	Month	Nov-	Day	27	Age	68.
Sex	male	Color or Race	White	Birth-place	Maryland		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband		Catherine Murphy			
Father's Name	Hammondtha Cecil			Father's Birthplace	Ireland		
Mother's Maiden Name	Thompson			Mother's Birthplace	Ireland		
Name of person giving information	Oula Cecil			How related to deceased	niece		

CAUSES OF DEATH

Primary

Apoplexy

How long

Sudden

Immediate

Paralysis

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

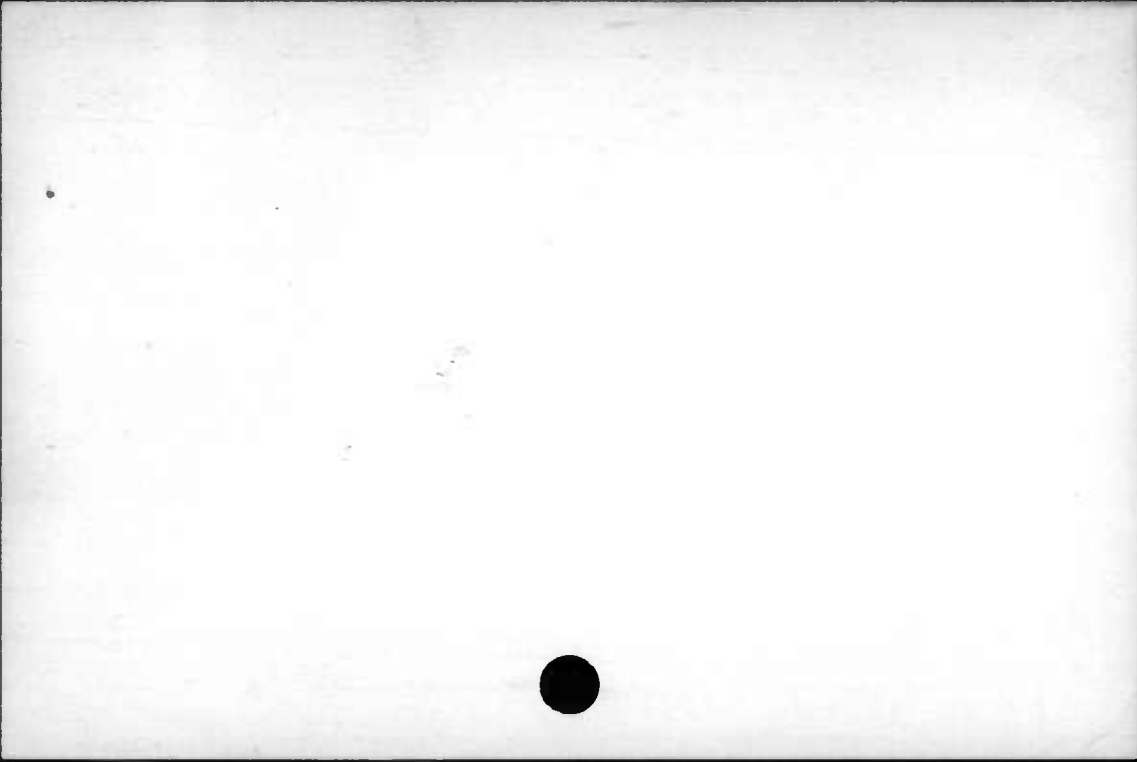
Signature of Physician

Address

E. E. Mullins

Theresa -
Ireland

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunswick</i>		Town <i>Indirick</i>		County		MARYLAND	
Date of death	1905	Month	nov	Day	27	Age	Years
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Brunswick Md</i>		Months	3
Occupation <i>none</i>		Where Residing if not at place of death		Days		3	
Married, Single or Widower? <i>single</i>		Name of Wife or Husband		Father's Birthplace <i>Va</i>		Mother's Birthplace <i>Md</i>	
Father's Name <i>Charles Cooper</i>		Mother's Maiden Name <i>Ellen E. Seahorn</i>		Name of person giving information <i>Charles Cooper</i>		How related to deceased <i>Father</i>	

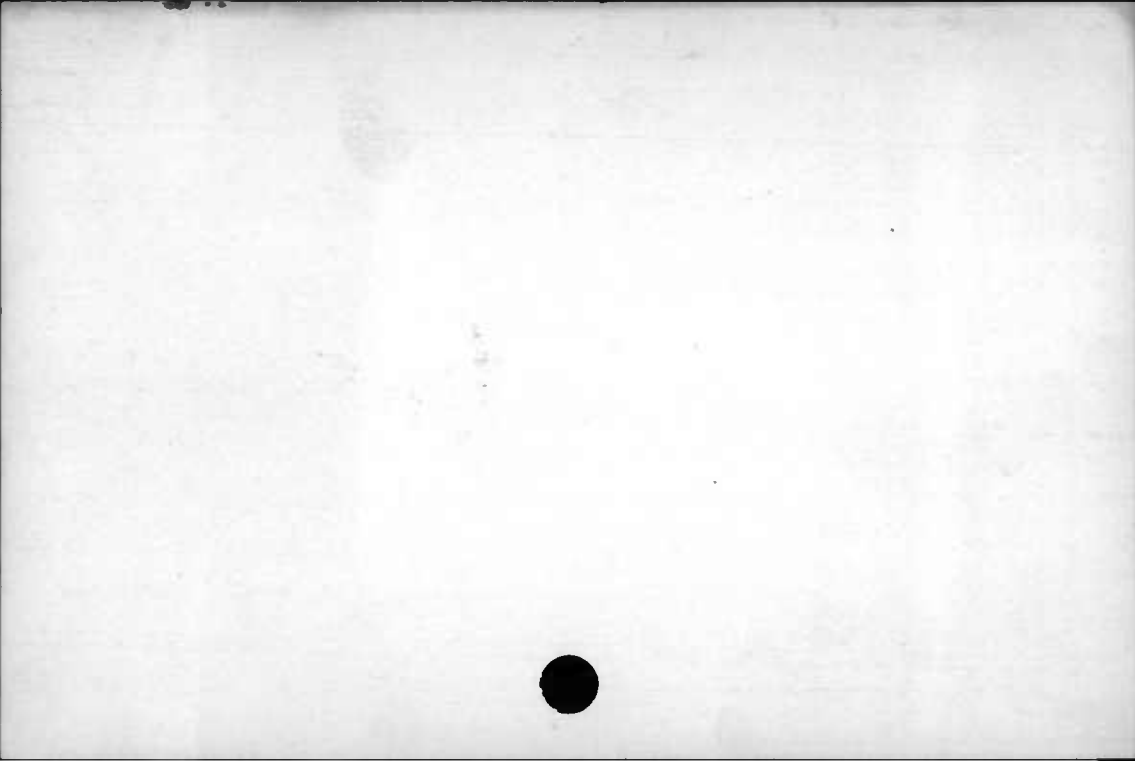
CAUSES OF DEATH

PHYSICIAN
OR CORONER

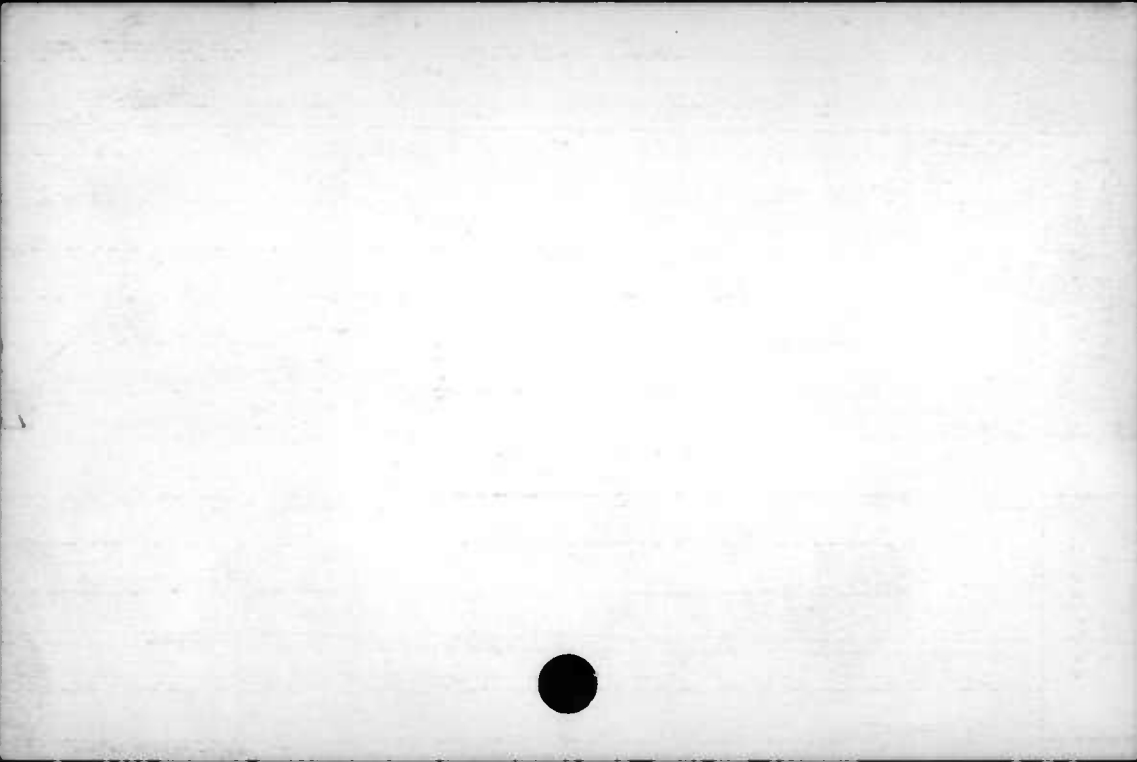
Primary	<i>Congenital Cyanosis</i>	How long	<i>since birth</i>
Immediate	<i>Persistent Pulmonary Congestion</i>	How long	<i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>no</i>		Signature of Physician <i>A. Horine</i>	
Accident or Suicide? <i>no</i>		Address <i>Brunswick Md</i>	



Name in Full		William L. Crum				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Frederick		Frederick		MARYLAND	
		Date of death		Month		Day	
		1905 Nov.		21		Age	
		6		Months		Days	
		2		16			
Sex		Male		Color or Race		white	
Birth-place		Baltimore, Md.		Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		William F. Crum		Father's Birthplace		Fredk. Co., Md.	
Mother's Maiden Name		Emma E. Fisher		Mother's Birthplace		Baltimore Md.	
Name of person giving information		Wm F. Crum		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Scarlet fever - Cervical Adenitis		How long	
		14 weeks		Immediate		Asthma	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
		J. H. Hendrix, M.D.		Address		Frederick, Md.	
Accident or Suicide?		No					



Name in Full		North A. J. Dawson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		13 ^{Town} Brunswick		County		Frederick	
	Date of death		1905		Month		Nov	
			Day		Age		14	
			Sex		Color or Race		White	
			Occupation		Birth-place		Md	
			Where Residing if not at place of death					
			Married, Single or Widowed		Name of Wife or Husband		Widow	
			Father's Name		Mother's Maiden Name		James Celie	
PHYSICIAN OR CORONER			Name of person giving information		How related to deceased		Son in law	
			CAUSES OF DEATH					
			Primary		How long		Heart trouble	
			Immediate		How long		Sudden	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
		Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

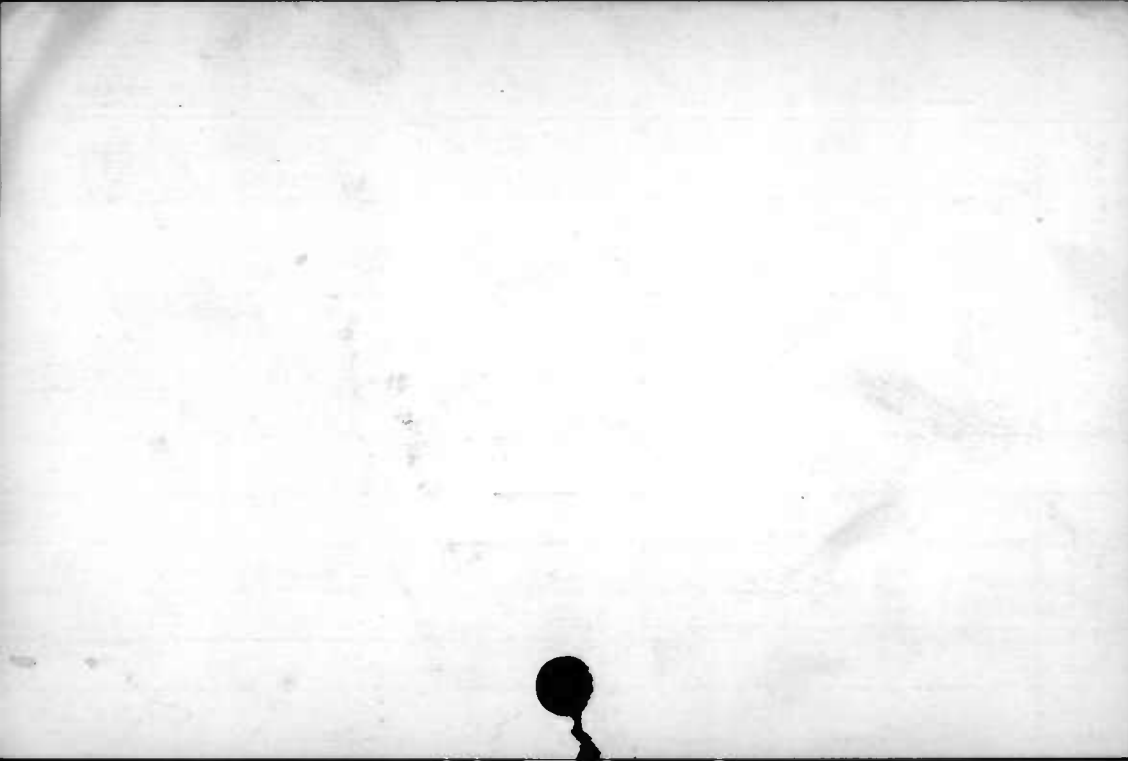
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary E. Hess</i>		Town <i>Creegerstown</i>		County <i>Frederick</i>		MARYLAND	
Died at		Date of death <i>1905</i>		Month <i>Nov</i>		Day <i>26</i>	
Age <i>34</i>		Years <i>34</i>		Months <i>8</i>		Days <i>14</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Myersville</i>			
Occupation <i>Home wife</i>				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Cornelius Hess</i>					
Father's Name <i>Wm Metzger</i>		Father's Birthplace <i>Penn</i>					
Mother's Maiden Name <i>Lydia E. Toms</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Cornelius Hess</i>		<i>(50)</i>		How related to deceased <i>1st husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diabetes Mellitus</i>		How long <i>2 years</i>	
Immediate <i>Paralysis</i>		How long <i>36 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. D. S. Young</i>	
		Address <i>Creegerstown, Fredk Co.</i>	
Accident or Suicide?			



Name
in
Full

Lula M Eley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Hopewell* Town

Frederick County

Date of death *1905 Nov* Month

30 Day

23 Years Age

5 Months

26 Days

Sex *female*

Color-or Race *white*

Birth-place *Andover*

Occupation *Wife*

Where Residing if not at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband *Ray S. Eley*

Father's Name *John S. Eley*

Father's Birthplace

Mother's Maiden Name *Cornelia A. Buchanan*

Mother's Birthplace

Name of person giving information *M. L. Greger*

How related to deceased

CAUSES OF DEATH

Primary *Nephritis*

How long

Immediate *Puerperal Convulsions*

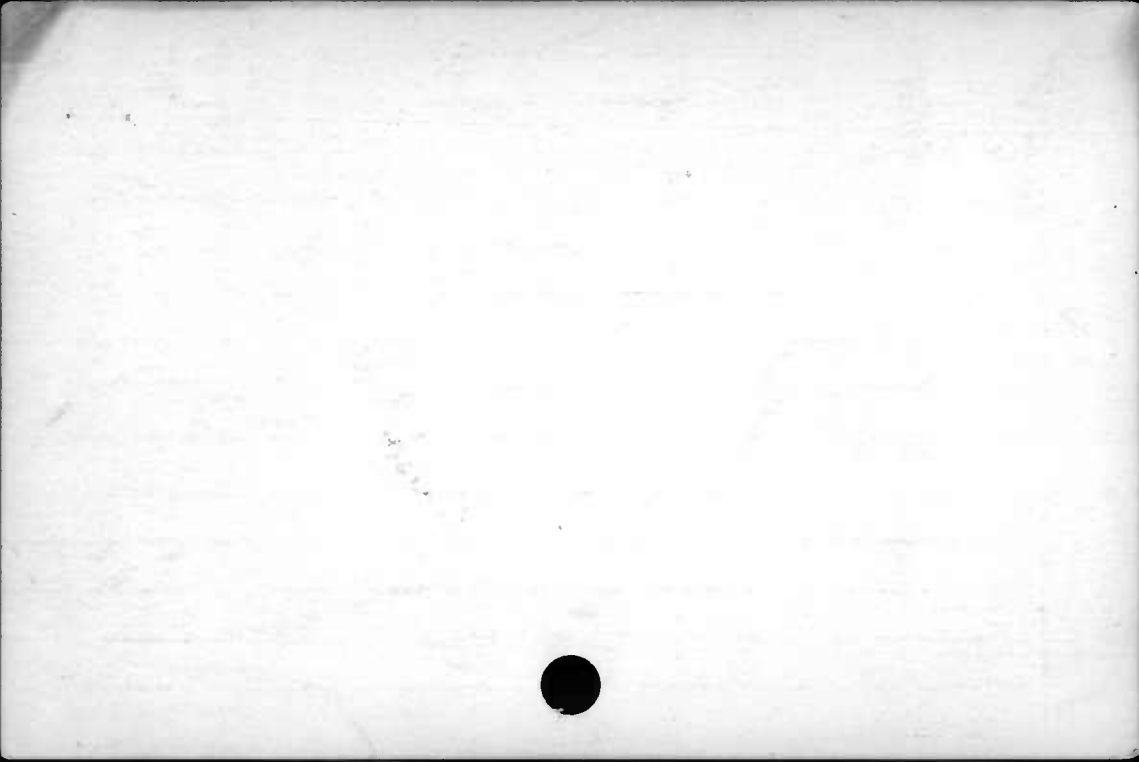
How long *14 hrs -*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Morris A. Buehly*

Address *Frederick*

Accident or Suicide?



Name
in
Full

William Esterly

CERTIFICATE OF DEATH

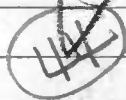
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Died at		Monterey Hospital		Frederick			
Date of death		190	Month	Day	Age	Years	Months
190		5	Nov	1	76		
Sex		Male		Color or Race		White	
Occupation				Where Residing if not at place of death		Birth-place	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

Primary Epithelioma

Immediate Exhaustion



How long

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R. D. Lyson.

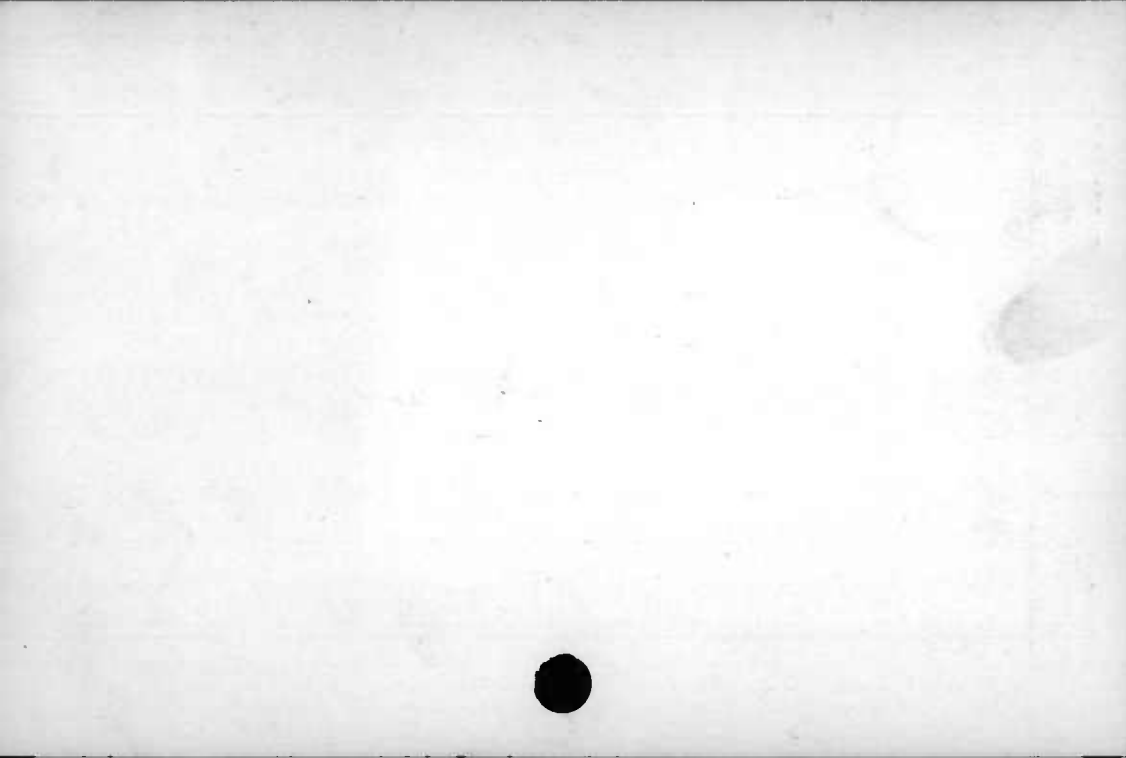
Address

Frederick

Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Charles Henry Fisher 9/11/11

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Burkettsville* County *Madison* MARYLAND

Date of death 1905 ^{Month} *Nov* ^{Day} *9* Age ^{Years} *74* ^{Months} *8* ^{Days} *—*

Sex *Male* Color or Race *Colored* Birth-place *Ind.*

Occupation *Black Smith* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *May Fisher*

Father's Name *Don't know* *Ind* Father's Birthplace *Don't know*

Mother's Maiden Name *"* *"* Mother's Birthplace *"* *"*

Name of person giving information *May Fisher* *(166)* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

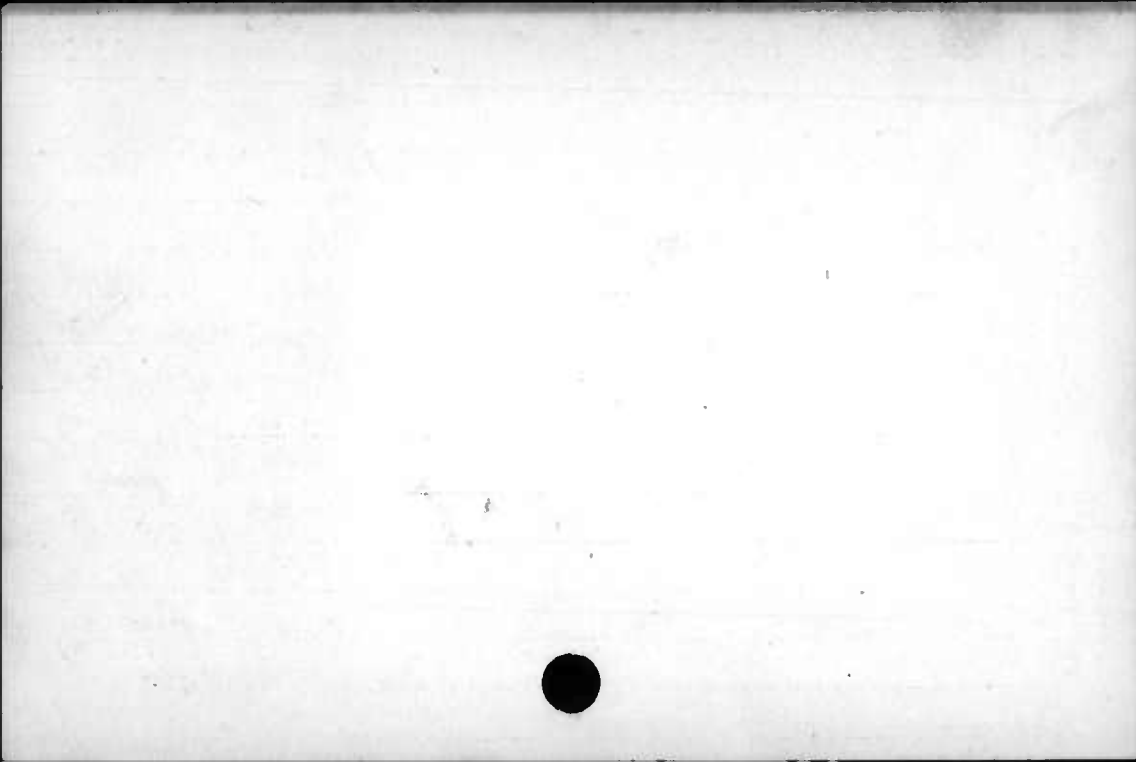
Primary *Gunshot fracture of left leg.* How long *4 days.*

Immediate

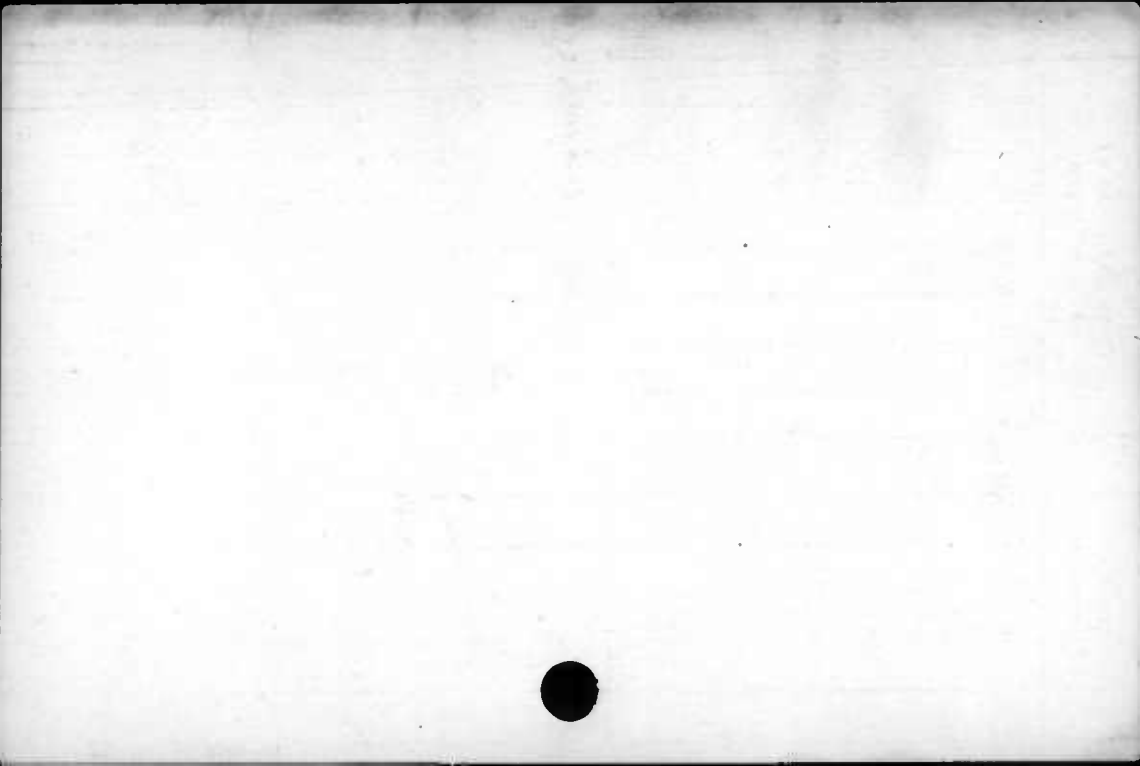
Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *C. H. Schuetzler*

Address *Burkettsville Ind.*

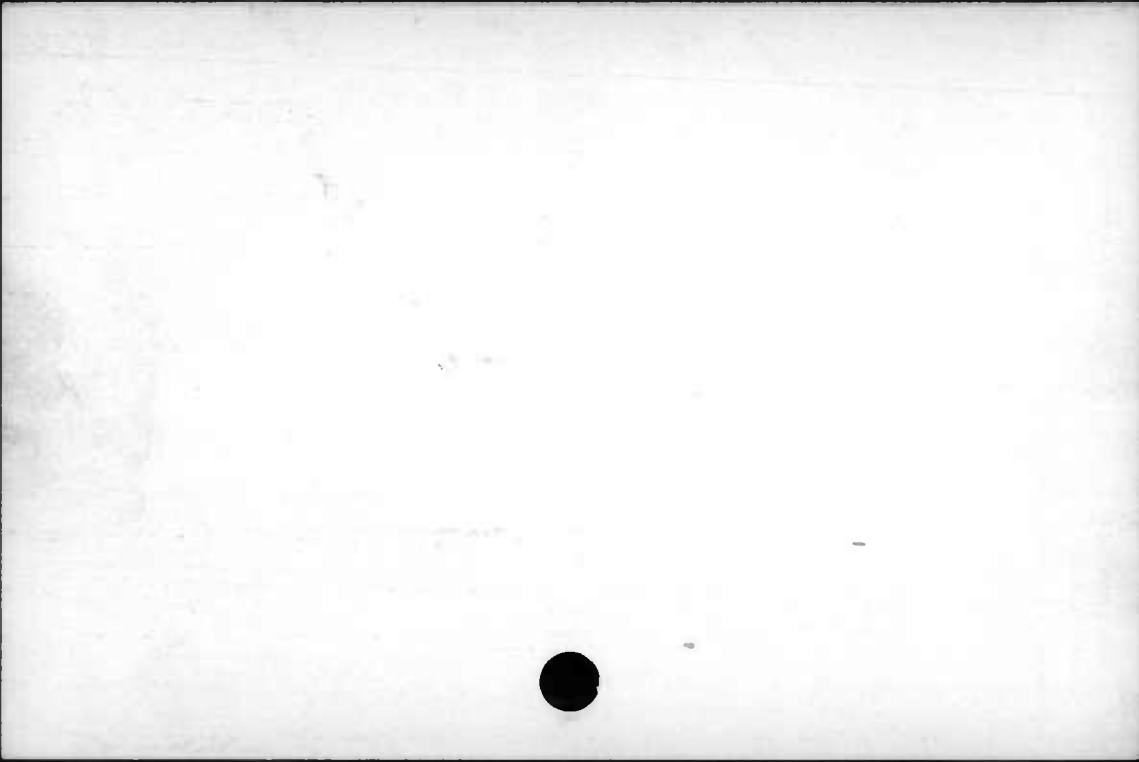
Accident or Suicide? *Accidental (M)*



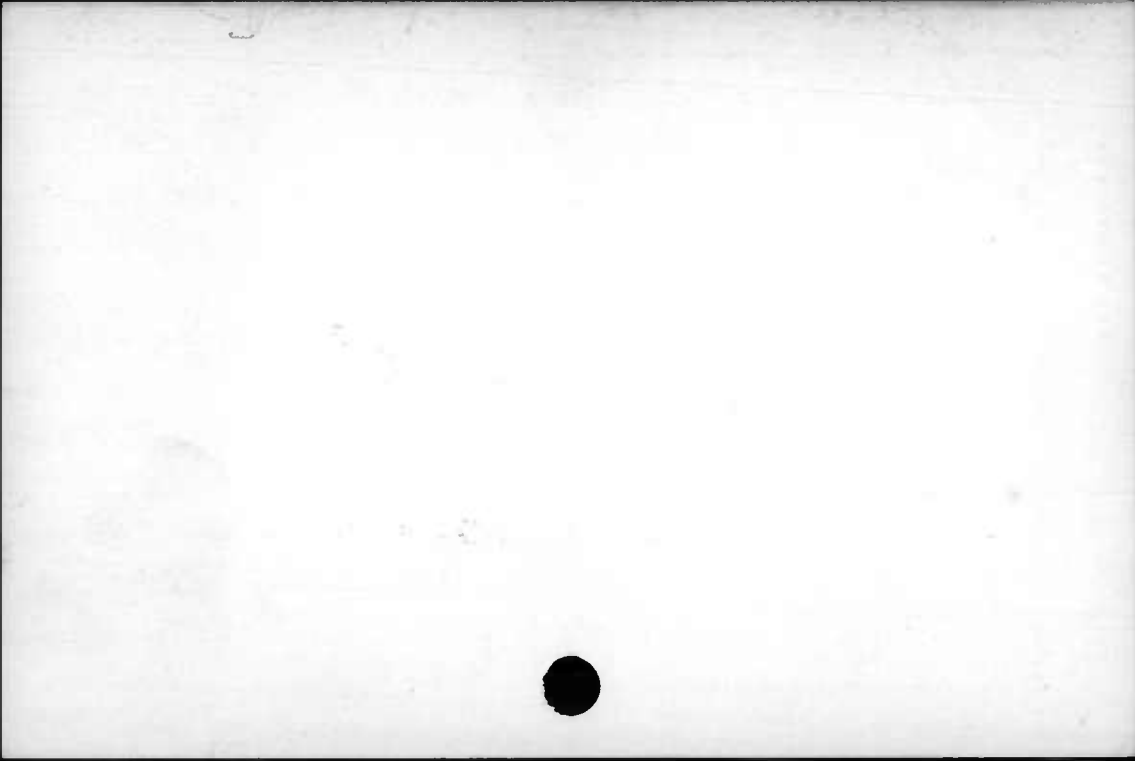
Name in Full		George Arnold Fowler				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Edgewood	County Frederick	MARYLAND		
		Date of death		Month Nov	Day 16	Years 85	Months 10	Days 26
		Sex		Male		Color or Race	W	
		Occupation		Labor		Birth-place	Md	
		Married, Single or Widowed		W		Name of Wife or Husband Margaret Fowler		
		Father's Name		Geo. Fowler			Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace			
Name of person giving information		John Metzger			How related to deceased Grandson			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		General debility		How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician Ira E. Whitehill M.D.		
						Address New Windsor Maryland		
		Accident or Suicide?						



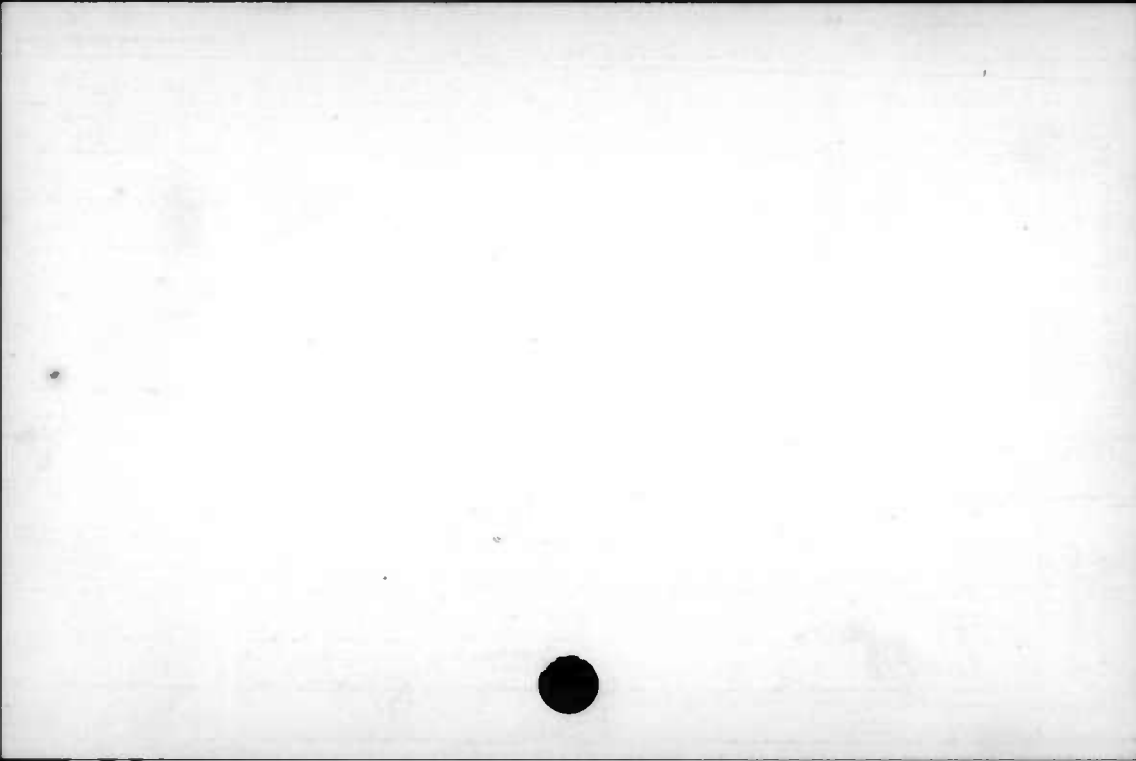
Name in Full		Elizabeth F. F				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Foxville		County Frederick		MARYLAND
	Date of death	1905	Month Nov.	Day 20	Age 80	Years 1	Months 28
	Sex	Female		Color or Race	white		Birth- place
	Occupation		Housewife		Where Residing if not at place of death		
	Married, Single or Widowed	widowed		Name of Wife or Husband			
	Father's Name	Christian Hanver				Father's Birthplace	md.
	Mother's Maiden Name	Mary Brown				Mother's Birthplace	md.
Name of person giving In formation	Mrs Maggie Wolfe				How related to deceased	daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Aortic Regurgitation				How long	7 months
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	A. J. Smith		
				Address	Woolfville md.		
	Accident or Suicide?						



Name in Full		Edward H. Frozier				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Frederick		County Frederick		MARYLAND	
	Date of death	1905	Month 11	Day 16	Age 79	Years	Months Days
	Sex	Male		Color or Race	Wh		Birth- place
	Occupation	Retired cigar merchant		Where Residing if not at place of death		X	
	Married, Single Widowed	Name of Wife or Husband		+			
	Father's Name	Henry Frozier		Father's Birthplace	Md		
	Mother's Maiden Name	Catherine Morrison		Mother's Birthplace	Md		
Name of person giving In formation	John Frozier		How related to deceased	Nephew			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Senile Debility				How long	2 years
	Immediate	Paralysis				How long	1 day
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	J. F. Frozier - Md	
	Accident or Suicide?		No		Address	Frederick.	



Name in Full		Died at				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town <i>Frederick</i>				County <i>Fredk</i>		MARYLAND			
		Date of death <i>1905</i>		Month <i>11</i>	Day <i>24</i>	Age <i>—</i>	Years <i>—</i>	Months <i>8</i>	Days <i>16</i>		
		Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>City</i>					
		Occupation <i>—</i>				Where Residing if not at place of death <i>Same</i>					
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>							
FATHER'S NAME		Father's Name <i>Bernard Hall.</i>				Father's Birthplace <i>Med</i>					
		Mother's Maiden Name <i>Alice Murdock</i>				Mother's Birthplace <i>City</i>					
		Name of person giving information <i>Mrs. Hall</i>				How related to deceased <i>Mother</i>					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary <i>Indigestion</i>				How long <i>several hours</i>					
		Immediate <i>convulsions</i>				How long <i>half hour</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>				Signature of Physician <i>None in attendance</i>					
		Accident or Suicide? <i>—</i>				Funeral Director <i>Thomas P. Price</i>					



Name
in
Full

CERTIFICATE OF DEATH

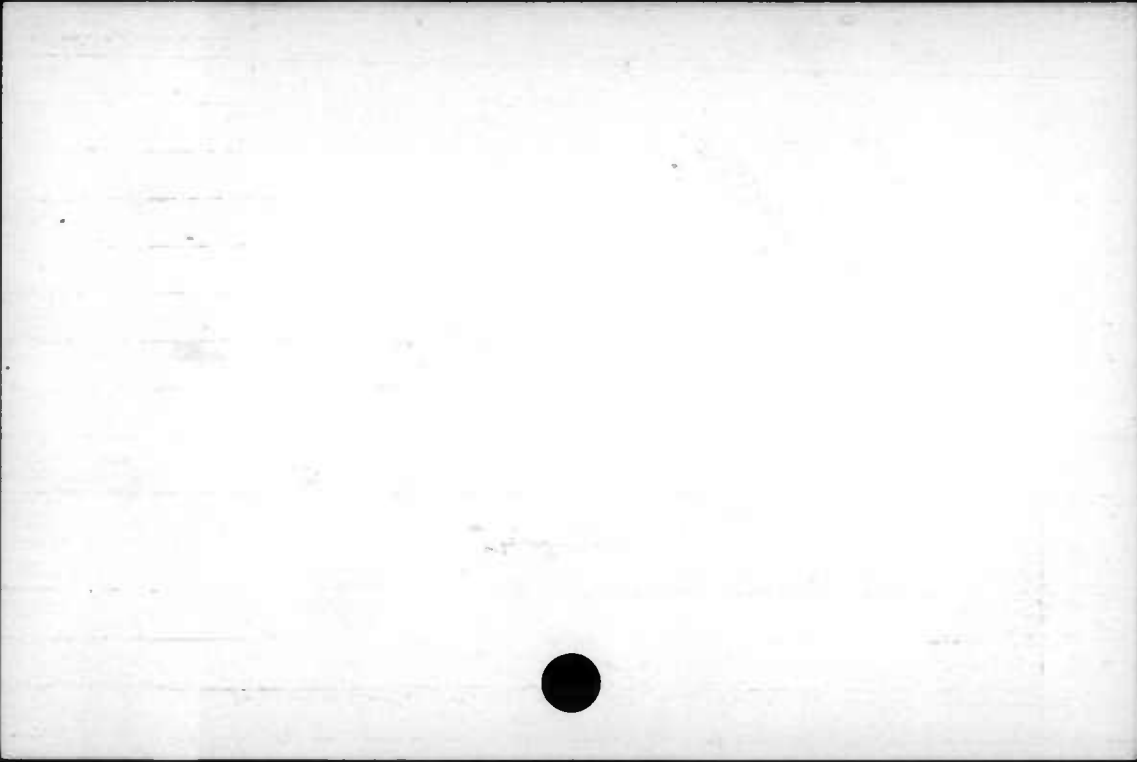
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Harry E Hartman		Town		Emmitsburg		County		Frederick		MARYLAND			
Died at		Date of death		Month		Day		Years		Age		Months		Days	
1905		11		27		22		11		14					
Sex		male		Color or Race		White		Birth-place		Md					
Occupation				Where Residing if not at place of death											
Married Single or Widowed				Name of Wife or Husband											
Father's Name		Daniel Hartman		Father's Birthplace		Pa									
Mother's Maiden Name		Annie Hartman		Mother's Birthplace		"									
Name of person giving information		Daniel Hartman		How related to deceased		Father									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Epilepsy		How long		11 Years	
Immediate		Epilepsy		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Robert L. Amman	
				Address		Emmitsburg Md.	
Accident or Suicide?							



Name
in
Full

Ida Louise Hoffman M M

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick		Town Frederick		County		MARYLAND	
Date of death 1905		Month Nov		Day 2nd		Age —	
Sex Female		Color or Race White		Birth-place Md		Months —	
Occupation —		Where Residing if not at place of death —		Years —		Days 4 hours	
Married, Single or Widowed —		Name of Wife or Husband —		Father's Birthplace Frederick		Mother's Birthplace Md	
Father's Name Ezra Hoffman Jr.		Mother's Maiden Name Larry Rich		Name of person giving information Ezra Hoffman Jr.		How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

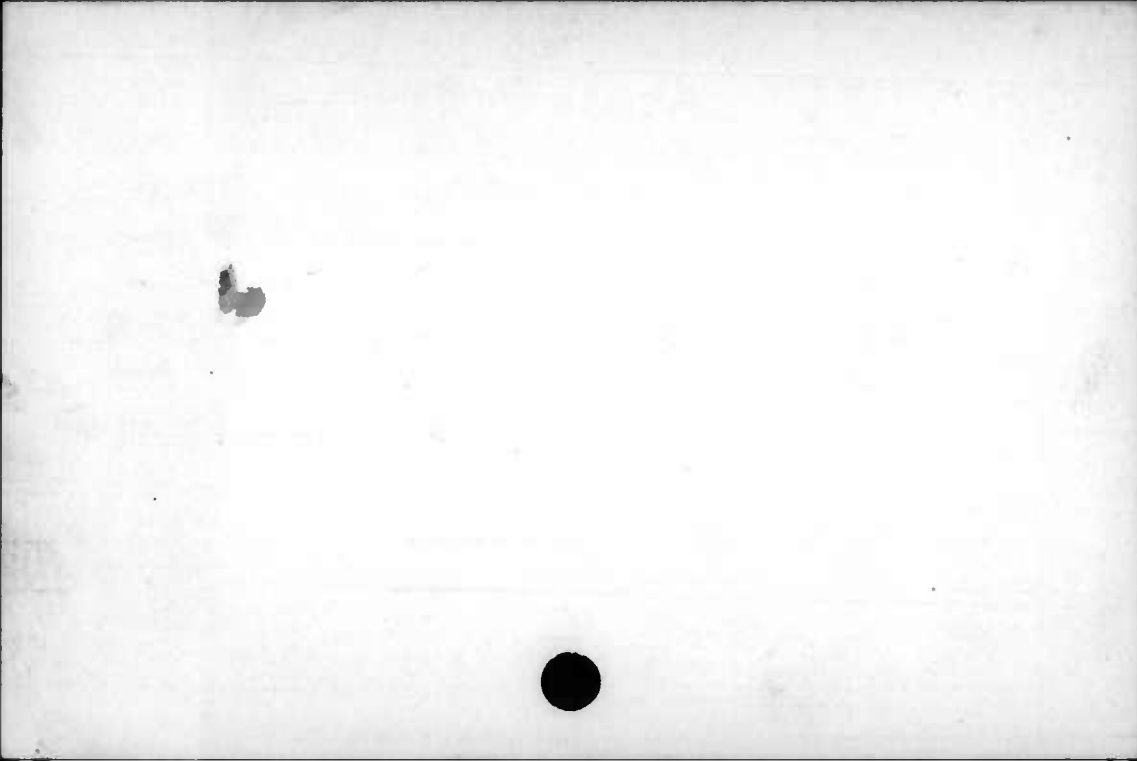
Primary	Prematurity	How long	151
Immediate	Prematurity	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Frank Hedger	
		Address Frederick	
Accident or Suicide?			

Moloney

C. C. C.

11/2 1905

Name in Full		Helen Catherine Holland.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Near Burkittsville.	County Anne Arundel	MARYLAND		
		Date of death		1905	Month Nov	Day 2	Age Years 3	Months 3
		Sex		Female		Color or Race	Colored	Birth-place
		Occupation				Where Residing if not at place of death		
		Married, Single or Widowed		Single		Name of Wife or Husband		
PHYSICIAN OR CORONER		Father's Name				Edward J. Holland		
		Mother's Maiden Name				Alice Rose		
		Name of person giving information				Mother		
		Father's Birthplace				Md.		
Mother's Birthplace				Md.		How related to deceased		
				Mother				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				Malnutrition		
		Immediate				Cardiac Failure		
		Are the name, age, sex, color, date and place correctly given above?				yes.		
		Signature of Physician				C. H. Schultze		
				Address		Burkittsville, Md.		
Accident or Suicide?								



Name
in
Full

Annie E Jewell

CERTIFICATE OF DEATH

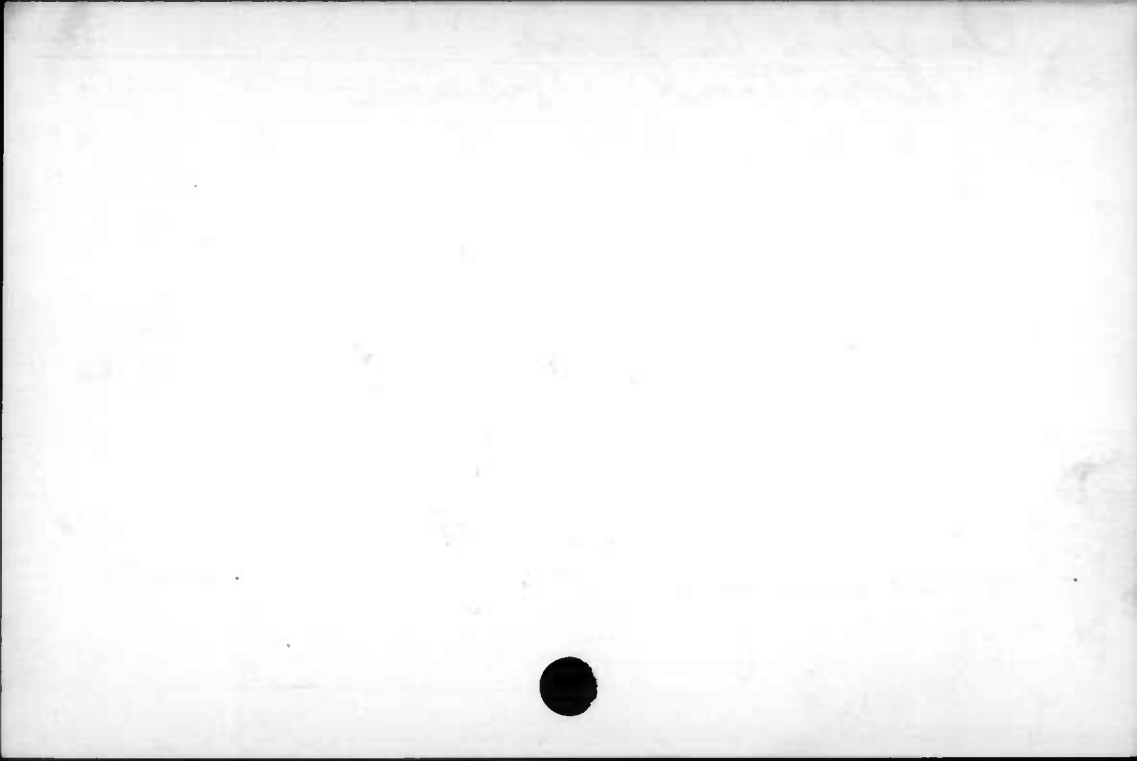
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Adamsfield</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day	Years <i>29</i>	Months <i>4</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>va</i>		
Occupation <i>Homemaker</i>	Where Residing If not at place of death <i>Secrettts, London Co, va</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John E Jewell</i>				
Father's Name <i>Dont know</i>	Father's Birthplace <i>va</i>				
Mother's Maiden Name <i>Dont know</i>	Mother's Birthplace <i>va</i>				
Name of person giving information <i>John Penhew</i>	How related to deceased <i>Son in law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Killed by train in R.R.</i>	How long <i>2</i>
Immediate <i>1</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Refanor</i>
	Address <i>Shurmont. Ind.</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

George Junior Johns

CERTIFICATE OF DEATH

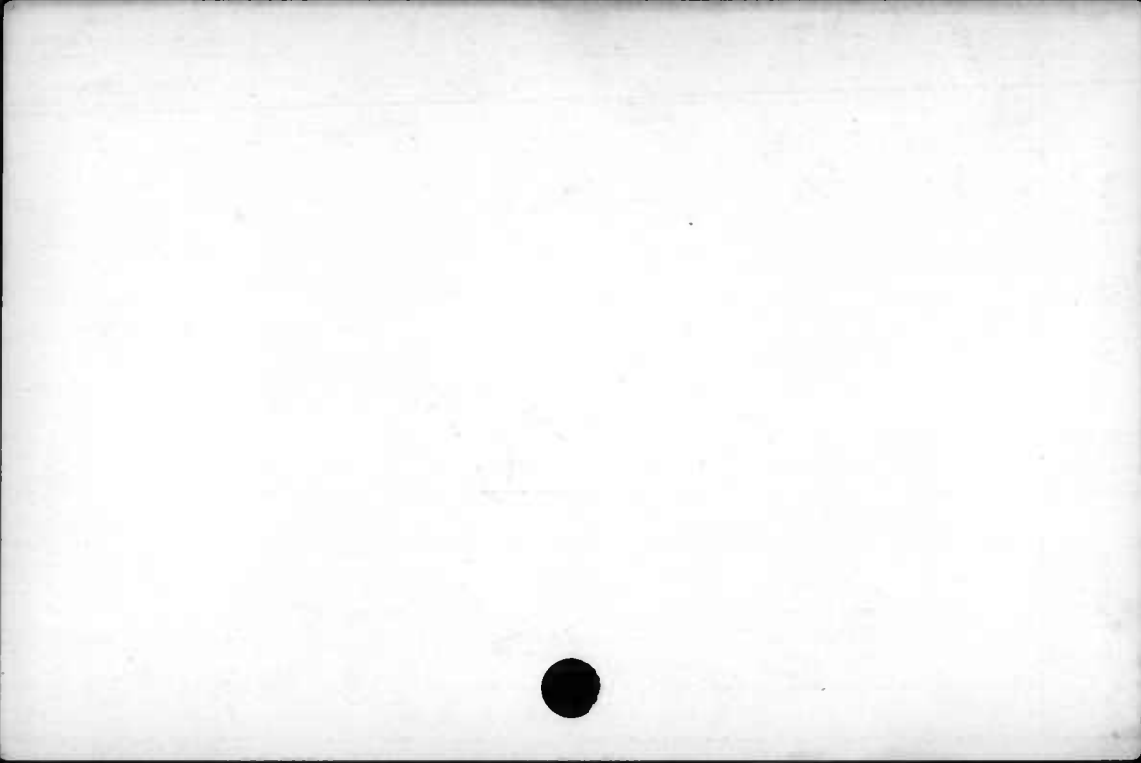
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mc Kinty Mills ^{County} Frederick		MARYLAND	
Date of death	1905	Month	Nov
		Day	13
		Age	Years
		Months	2
		Days	12
Sex	male	Color or Race	colored
Occupation		Birth-place	Ind
Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Geo. Johns		Father's Birthplace
			Ind
Mother's Maiden Name	Wattie Smith		Mother's Birthplace
			Ind
Name of person giving information	Wm Zepp		How related to deceased
			no

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Take off by information from old woman in attendance	How long	11 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Untaker H. Bankard		
	Address		
	New Market		
	No doctor		
Accident or Suicide?	Ind		



Name
in
Full

Elizabeth A. Jones

CERTIFICATE OF DEATH

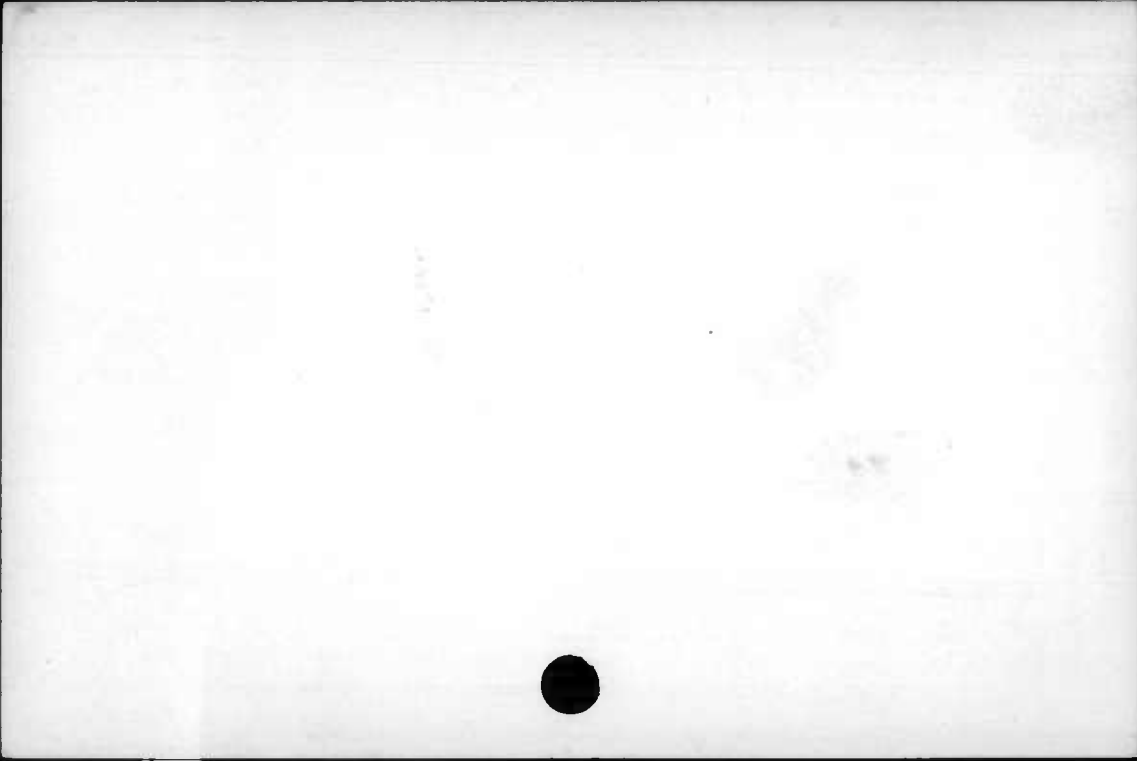
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Libertytown</i>		^{County} <i>Frederick</i>		MARYLAND	
Date of death	<i>1905</i>	^{Month} <i>Nov</i>	^{Day} <i>20</i>	^{Years} <i>70</i>	^{Months} <i>7</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Carroll Co</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband		
Father's Name	<i>Alexander Mc Elister</i>			Father's Birthplace	<i>Carroll Co</i>
Mother's Maiden Name	<i>Jane Mc Elister</i>			Mother's Birthplace	<i>Carroll Co</i>
Name of person giving information	<i>Wm. A. Jones</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Appendicitis</i>	How long	<i>3 mos.</i>
Immediate	<i>Exhaustion</i>	How long	<i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Ofis B. Stone</i>
		Address	<i>Libertytown Md.</i>
Accident or Suicide?			



Name
in
Full

George T. Harris,

CERTIFICATE OF DEATH

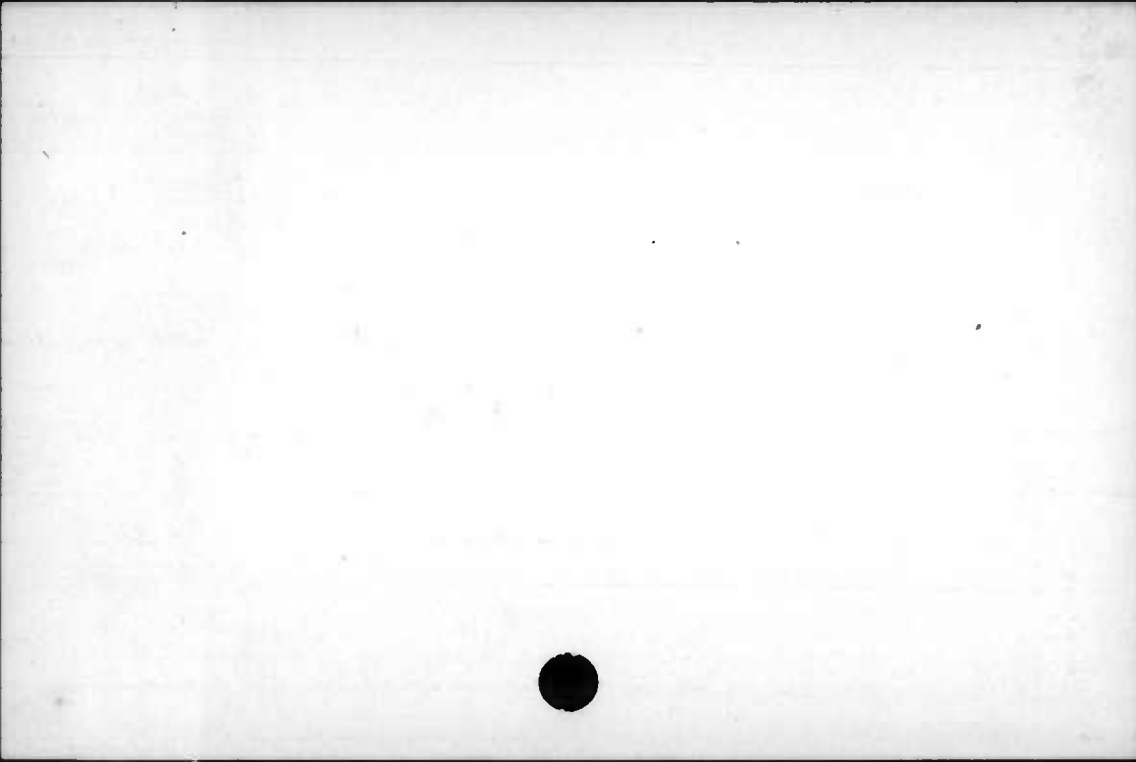
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burrkettsville</i>		County <i>Fremont</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>28</i>	Age <i>51</i>	Months <i>11</i>	Days <i>30</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>Merchant</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ellen Harris</i>				
Father's Name <i>Ezra T. Harris</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Juliea Williard</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Ellen Harris</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fatty degeneration of Arterial System</i>	How long
Immediate <i>Apoplexy</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. H. Schultze</i>
	Address <i>Burrkettsville Ind.</i>
Accident or Suicide?	



Name
in
Full

George Klees

CERTIFICATE OF DEATH

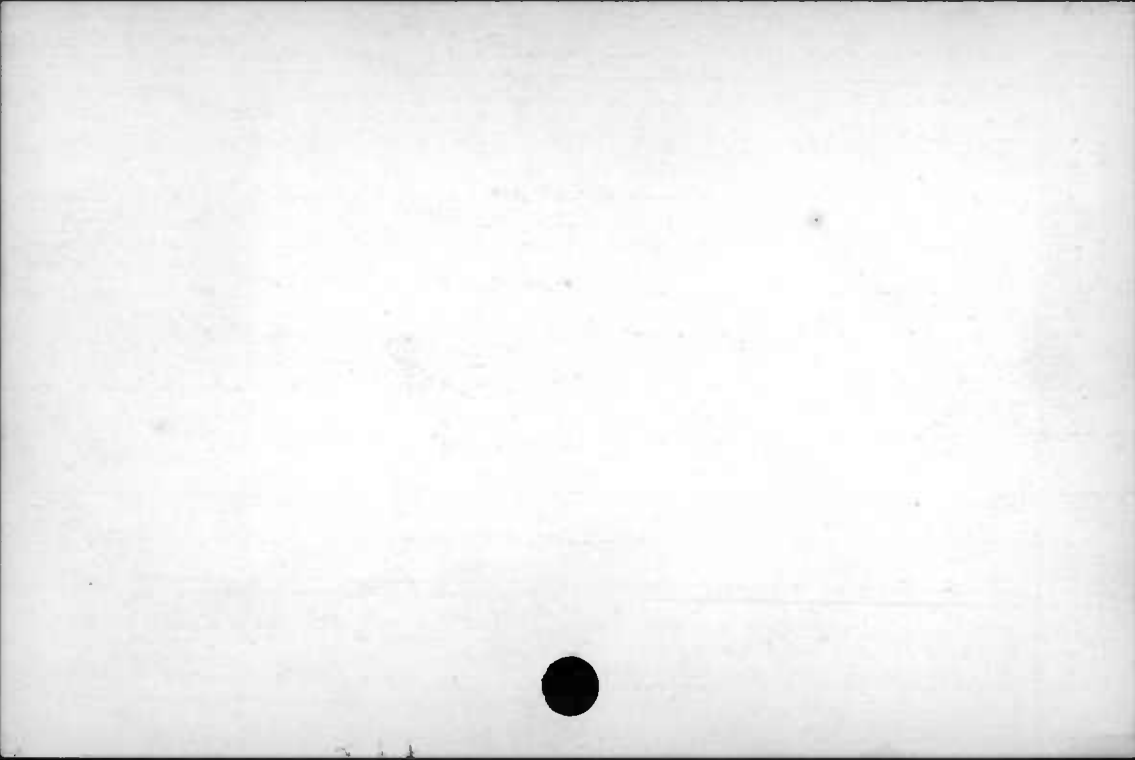
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Weldon</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death	1905	Month	Nov	Day	8
Age	59	Years	5	Months	3
Sex	Male	Color or Race	W	Birth-place	MD
Occupation	Farmer	Where Residing if not at place of death <u>Weldon</u>			
Married, Single or Widowed	M	Name of Wife or Husband <u>Ida E. Klees</u>			
Father's Name	<u>Henry Klees</u>			Father's Birthplace	MD
Mother's Maiden Name	<u>[Redacted]</u>			Mother's Birthplace	MD
Name of person giving information	<u>Frank Zile</u>			How related to deceased	Brother law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Inflammatory Pneumonia</u>	How long	<u>1 week</u>
Immediate	<u>Pericarditis</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>H. I. Brooks MD</u>	
Address		<u>Morriston</u>	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

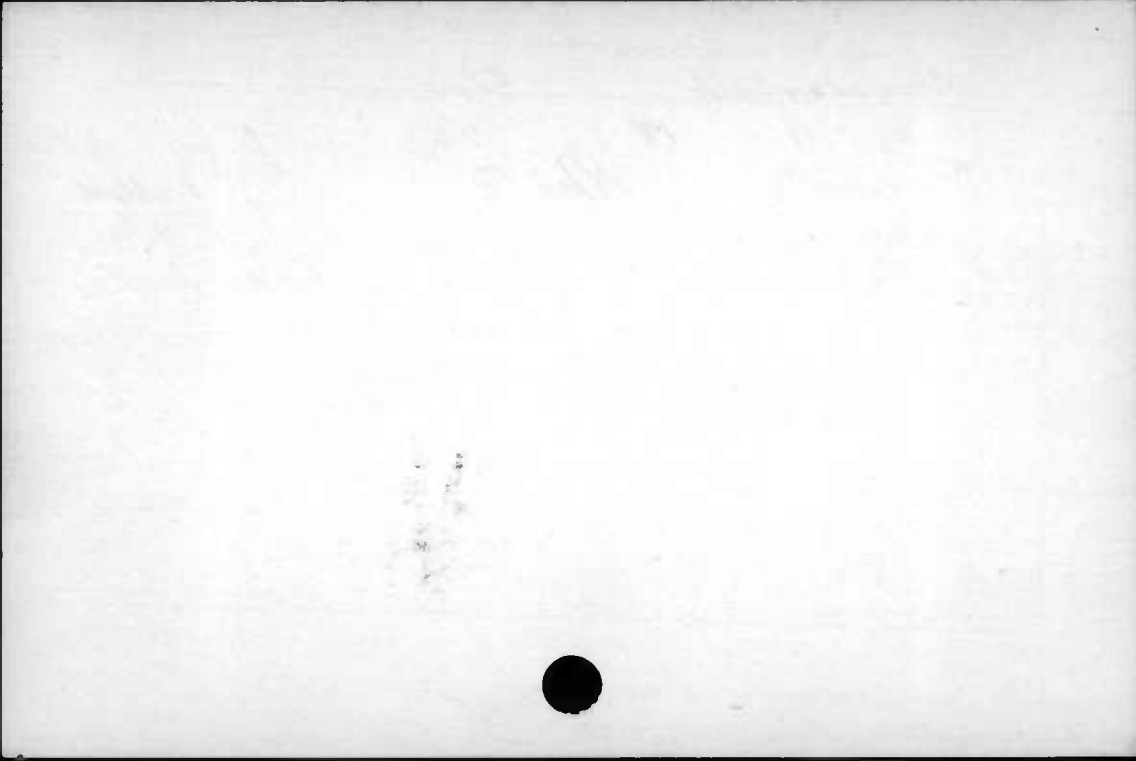
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Samuel Liday</i>		Town <i>Thurmont</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Thurmont</i>		Month <i>Nov</i>		Day <i>6th</i>		Age <i>44</i>	
Date of death <i>1905</i>		Months <i>11</i>		Years <i>5</i>		Days <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Thurmont Md</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Carline Marshall Biggs</i>					
Father's Name <i>Jacob Liday</i>		Father's Birthplace <i>Saint Henry</i>					
Mother's Maiden Name <i>Sarah</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Robert Liday</i>		<i>Lidie</i>		<i>20</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>		How long <i>3 years</i>	
Immediate <i>Uremia and heart failure</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. C. Kefauver</i>	
		Address <i>Thurmont, Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Caroline Delaplaine Markell

CERTIFICATE OF DEATH

Town

County

Died at

Fredericks

Fredericks

MARYLAND

Date

1905

Month

11

Day

18

Age

Years

72

Months

1

Days

27

Sex

Female

Color or
Race

White

Birth-
place

F. Co. Md

Occupation

House Wife

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Francis Markell

Father's
Name

John Delaplaine

Father's
Birthplace

F. Co. Md

Mother's
Maiden Name

Sophia Charlton

Mother's
Birthplace

" " "

Name of person giving
information

John W. Markell

How related
to deceased

Son.

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Mitral Insufficiency Heart

How long

many years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

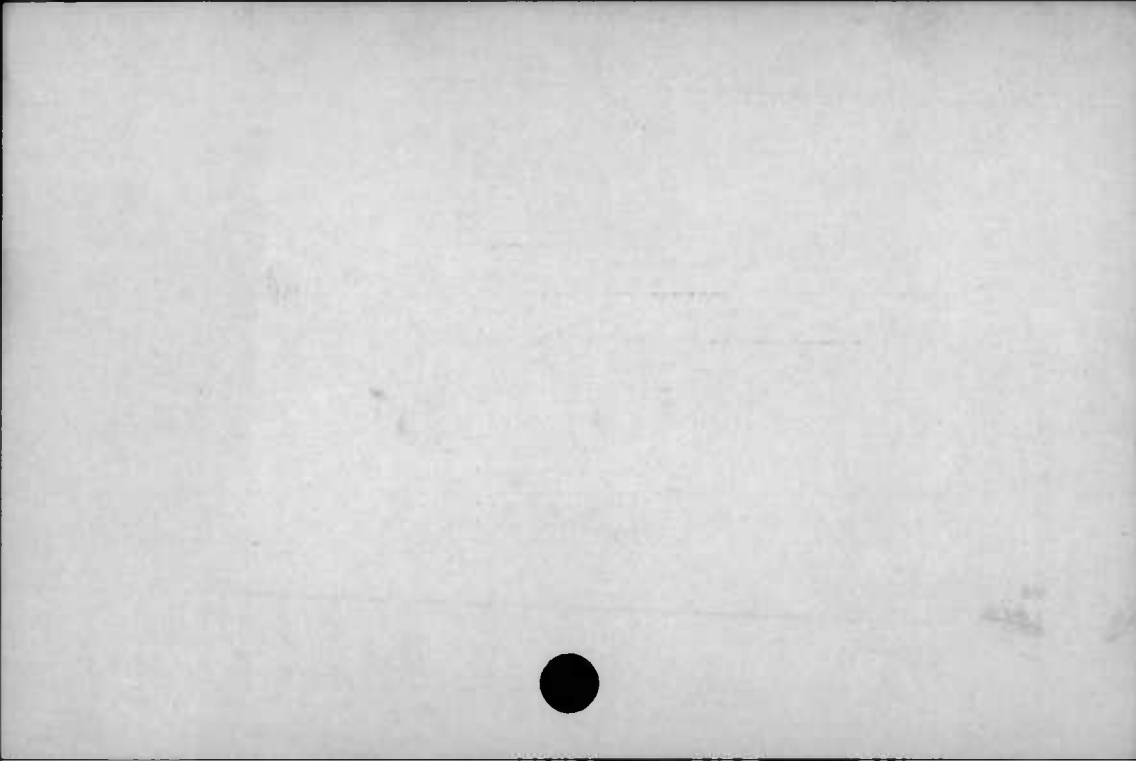
J. W. Campbell

Fredericks Md

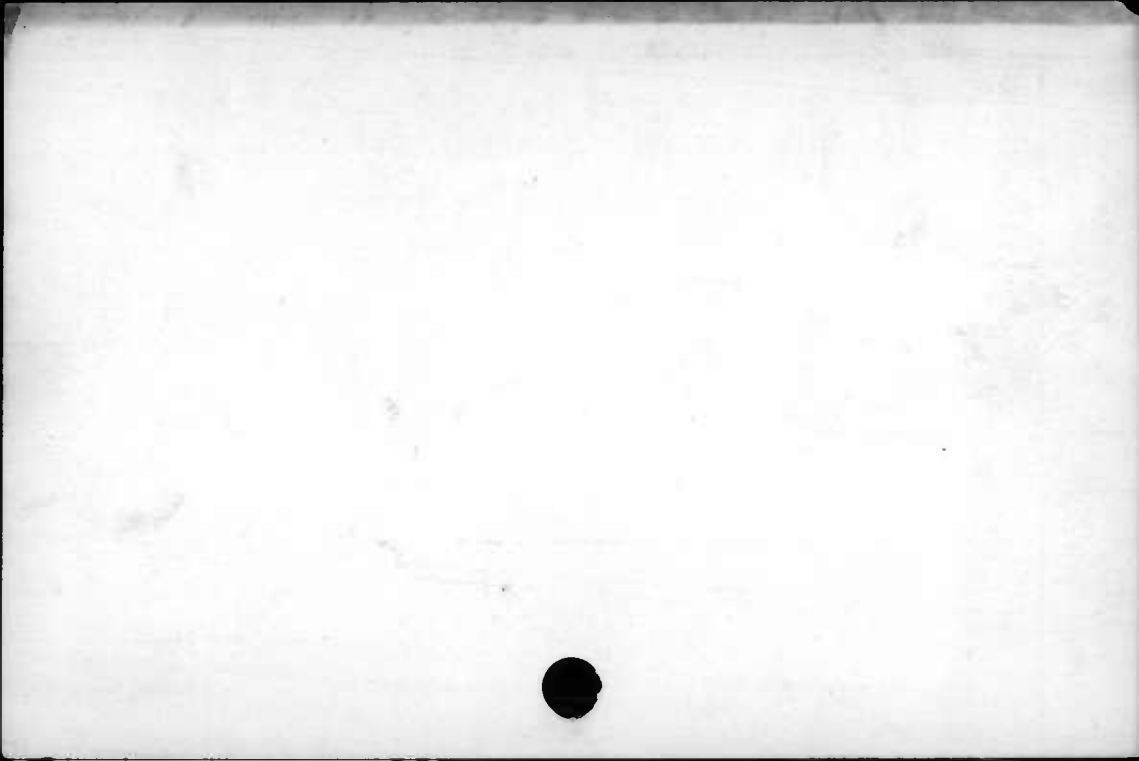
Accident or Suicide?

no

PHYSICIAN
OR CORONER



Name in Full		John W. Mathias				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Thurmont</u>		Town <u>Frederick</u>		County		MARYLAND
	Date of death	1905	Month	Nov	Day	18	Age
					Years	86	Months
						5-	Days
						28	
	Sex	male		Color or Race	white		Birth-place
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Widowed			Name of Wife or Husband <u>Wendell Freshour</u>			
Father's Name	<u>William Mathias</u>			Father's Birthplace		Md	
Mother's Maiden Name	<u>"</u>			Mother's Birthplace			
Name of person giving information	<u>Chas. Foyle</u>			How related to deceased		<u>None</u>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<u>Chronic disease at old age</u>				How long	<u>5 years</u>
	Immediate	<u>Exhaustion</u>				How long	
	Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>		Signature of Physician <u>Morris A. Bailey</u>		
					Address <u>Thurmont</u>		
Accident or Suicide?		<u>Med.</u>					



Name
in
Full

Mattoon (M M)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Frederick* Town

County *11*

Date of death *1905*

Month *11*

Day *8*

Age *—* Years

Months *—*

Days *—*

Sex *Female*

Color or Race *wh*

Birth-place *md*

Occupation *x*

Where Residing if not at place of death *x*

Married, Single or Widowed *x*

Name of Wife or Husband *y*

Father's Name *L M Malloore*

Father's Birthplace *md*

Mother's Maiden Name *Kath Helen*

Mother's Birthplace *md*

Name of person giving information *L M Malloore*

How related to deceased *father*

CAUSES OF DEATH

Primary *Pneumonia Bitch*

How long *5 mos*

Immediate *—*

How long *—*

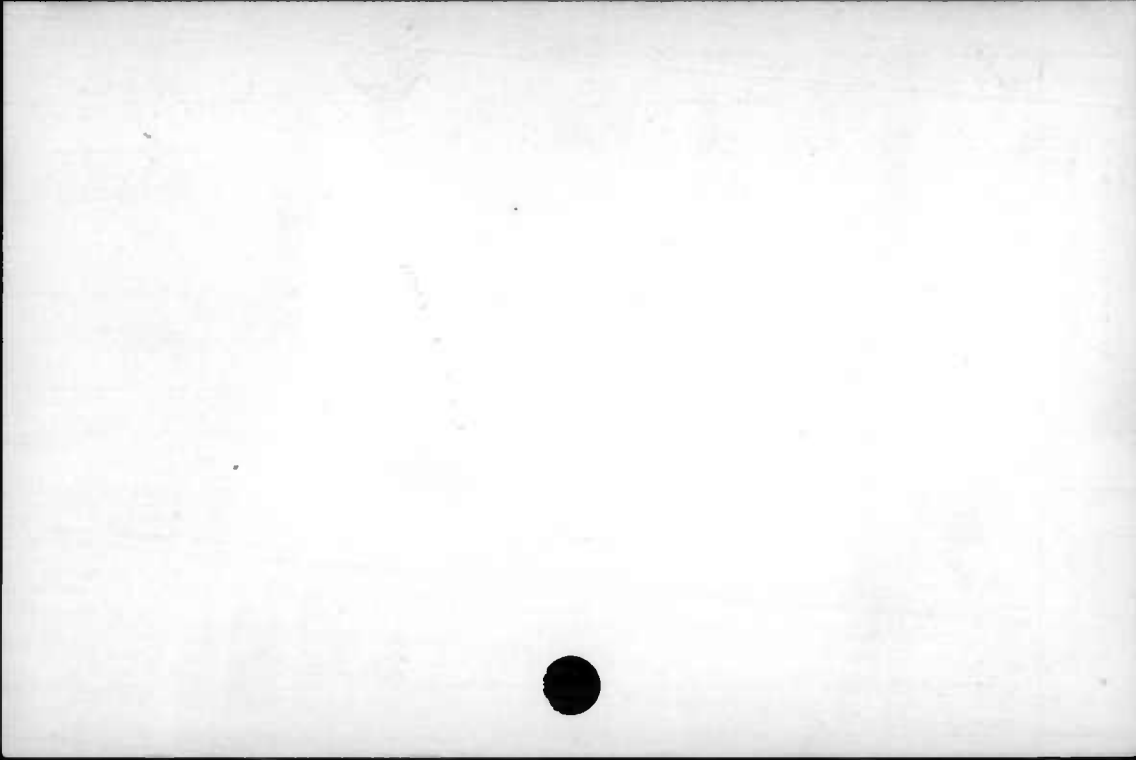
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W J Gooden md*

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Lionel M Miller

CERTIFICATE OF DEATH

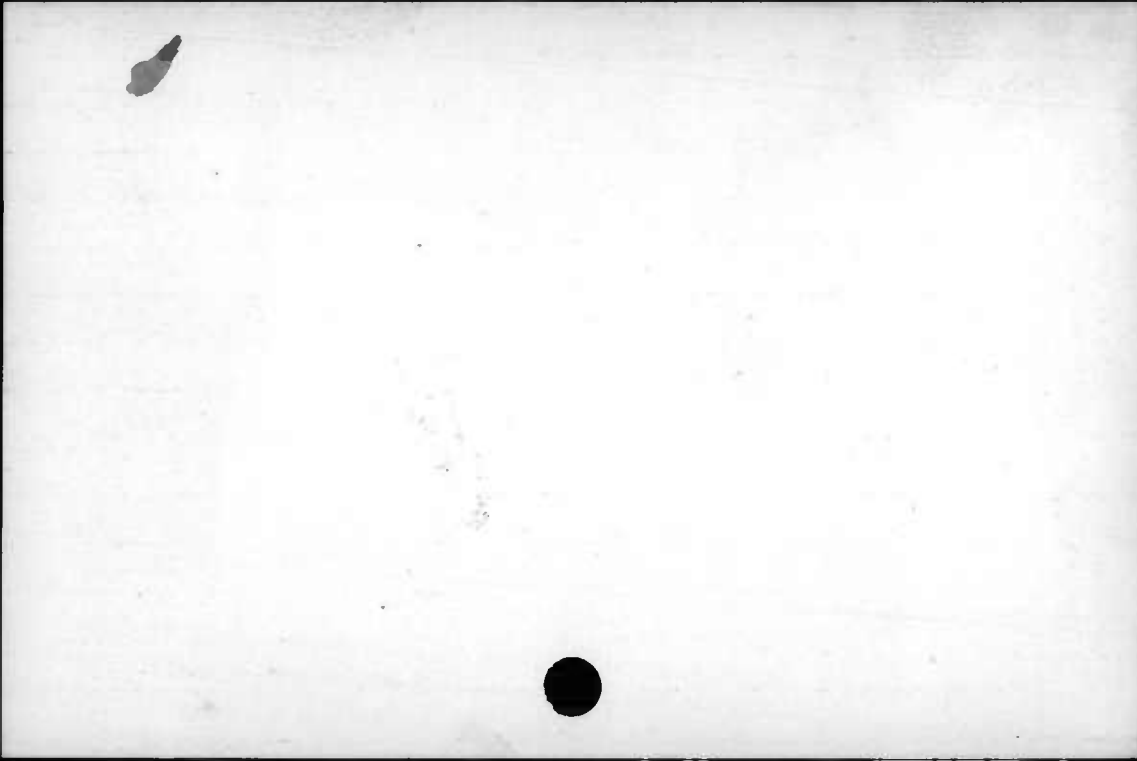
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1905	Month Nov	Day 30	Age	Years	Months
Sex		male		Color or Race		white	
Occupation		—		Birth-place		Frederick	
				Where Residing if not at place of death		19 E 6 th St	
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		Mathias B Miller		Father's Birthplace		Frederick	
Mother's Maiden Name		Nellie Gleason		Mother's Birthplace		"	
Name of person giving information		Mathias B Miller		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Congenital occlusion of oesophagus		How long	Since birth
Immediate	Starvation		How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Laburek
			Address	23 E Church St
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

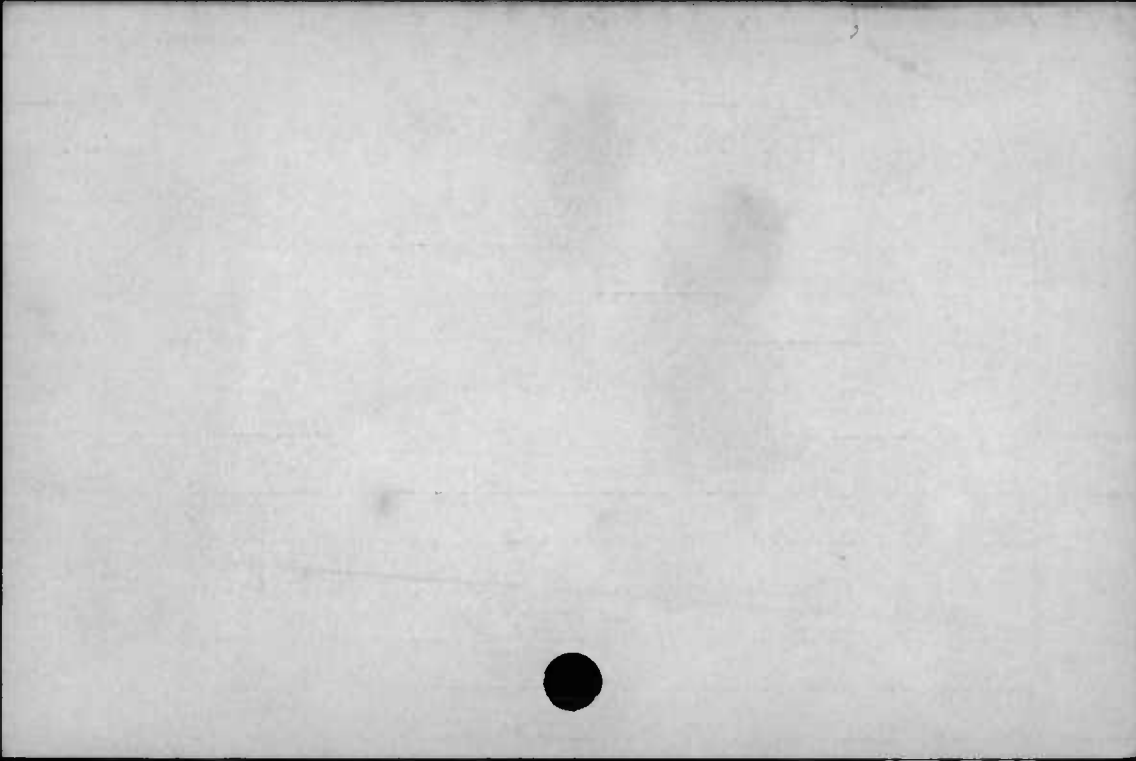
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Luize M. Muerenberg</i>		Town <i>Brunswick</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Brunswick</i>		Month <i>Nov</i>		Day <i>11</i>		Years <i>—</i>	
Date of death <i>1905</i>		Month <i>Nov</i>		Day <i>11</i>		Years <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Brunswick</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Mose B Muerenberg</i>		Father's Birthplace <i>Russia</i>					
Mother's Maiden Name <i>S. J. Balser</i>		Mother's Birthplace <i>Russia</i>					
Name of person giving information <i>Mose B Muerenberg</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tetanus</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. S. Hedges</i>
	Address <i>Brunswick Md</i>
Accident or Suicide?	



Name
in
Full

Ruth Alberta Albert.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Midland</i> ^{Town}		<i>Tauques</i> ^{County}		<i>Va</i> ^{MARYLAND}	
Date of death <i>1905</i>	<i>Nov</i> ^{Month}	<i>28</i> ^{Day}	Age <i>—</i> ^{Years}	<i>7</i> ^{Months}	<i>4</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Virginia</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Daniel C. Albert.</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Ann M. Patterson</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Daniel C. Albert.</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Intestines</i>	How long <i>Since June</i>
Immediate <i>Tubercular Meningitic Change</i>	How long <i>about 10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. P. Lucas M.D.</i>
	Address <i>Middletown</i>
Accident or Suicide? <i>—</i>	<i>MD.</i>

11



Name
in
Full

CERTIFICATE OF DEATH

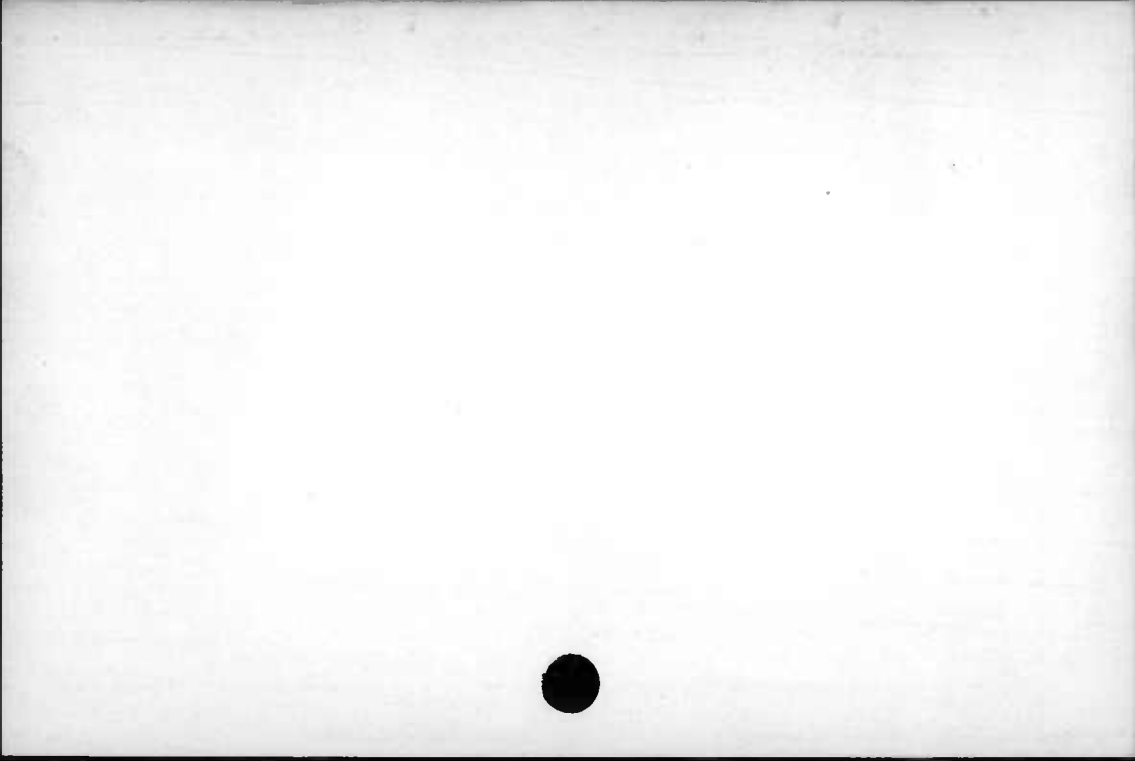
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jacob Ezra Palmer</i>		Town <i>Hansonville</i>		County <i>Frederick</i>		MARYLAND					
Died at		Month <i>11th</i>		Day <i>12th</i>		Years <i>73</i>		Months <i>7</i>		Days <i>15</i>	
Date of death <i>1905</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>					
Occupation <i>Retired Teacher</i>				Where Residing if not at place of death —							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Matilda Catherine Miller</i>									
Father's Name <i>George Palmer</i>		Father's Birthplace <i>Md</i>									
Mother's Maiden Name <i>Weddle</i>		Mother's Birthplace <i>Md.</i>									
Name of person giving information <i>Geo. E. Lloyd Palmer</i>		How related to deceased <i>Son</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>14-hours</i>
Immediate <i>Coma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. B. Miller</i>
	Address <i>Frederick Md</i>
Accident or Suicide?	



Name
in
Full

Still birth Dead Several days before birth **CERTIFICATE OF DEATH**

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brunswick</i>		County <i>Frederick</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
<i>1904</i>		<i>Nov.</i>	<i>5</i>	<i>—</i>		<i>—</i>	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind</i>
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name	<i>George Francis Price</i>					Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Carry Belle Snapp</i>					Mother's Birthplace	<i>VA</i>
Name of person giving information	<i>Carry Belle Snapp</i>					How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Strangulation of Cord (?)</i>		How long	<i>3 days before birth</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Levin West</i>		
		Address <i>Frederick Co</i>		
Accident or Suicide?				

Minister Nor

Name
in
Full

Daniel Sheldon.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Fred'k* *Fred'k* Town *Fred'k* County *Fredrick.* MARYLAND

Date of death *1905* Month *11* Day *4* Age *20* Years Months *6* Days *—*

Sex *Male* Color or Race *White* Birth-place *F. Co. Md.*

Occupation *Laborer* Where Residing if not at place of death *Ceresville*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John E. Sheldon* Father's Birthplace *Md.*

Mother's Maiden Name *Martha Baker* Mother's Birthplace *F. Co. Md.*

Name of person giving information *John E. Sheldon* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis.* How long *—*

Immediate *Hemorrhage.* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. J. Henderson Md.*

Address *Frederick Md.*

Accident or Suicide? *—*

Interment Nov 6 -

" at Fairview, Conn

Thomas P Rice

Name
in
Full

Wm Morris Shuff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Calochin* ^{Town} *Frederick* ^{County} **MARYLAND**
 Date of death *1905* ^{Month} *Nov* ^{Day} *16* ^{Age} *6* ^{Years} *0* ^{Months} *0* ^{Days} *5*
 Sex *Male* Color *White* Birth-place *Calochin Md*
 Occupation *_____* Where Residing if not at place of death *_____*

~~Married~~, Single
or ~~Widowed~~

Name of Wife or
Husband

Father's Name *Wm J. Shuff*

Father's Birthplace *Calochin*

Mother's Maiden Name *Amie E. Weddel*

Mother's Birthplace *"*

Name of person giving information *Wm J. Shuff*

How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cold - acute meningitis*

How long *1 day*

Immediate *acute meningitis*

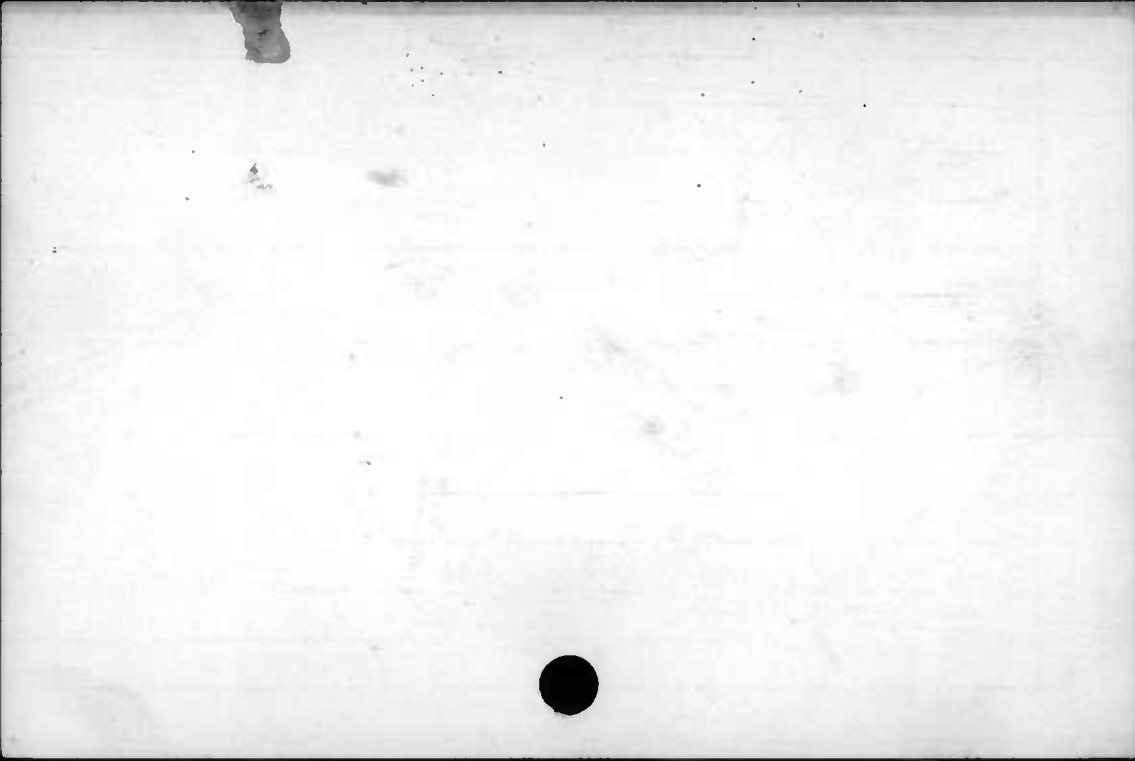
How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Harriet E. Daily*

Address *Frederick, Md.*

Accident or Suicide?



Name
in
Full

Annie E Smith

CERTIFICATE OF DEATH

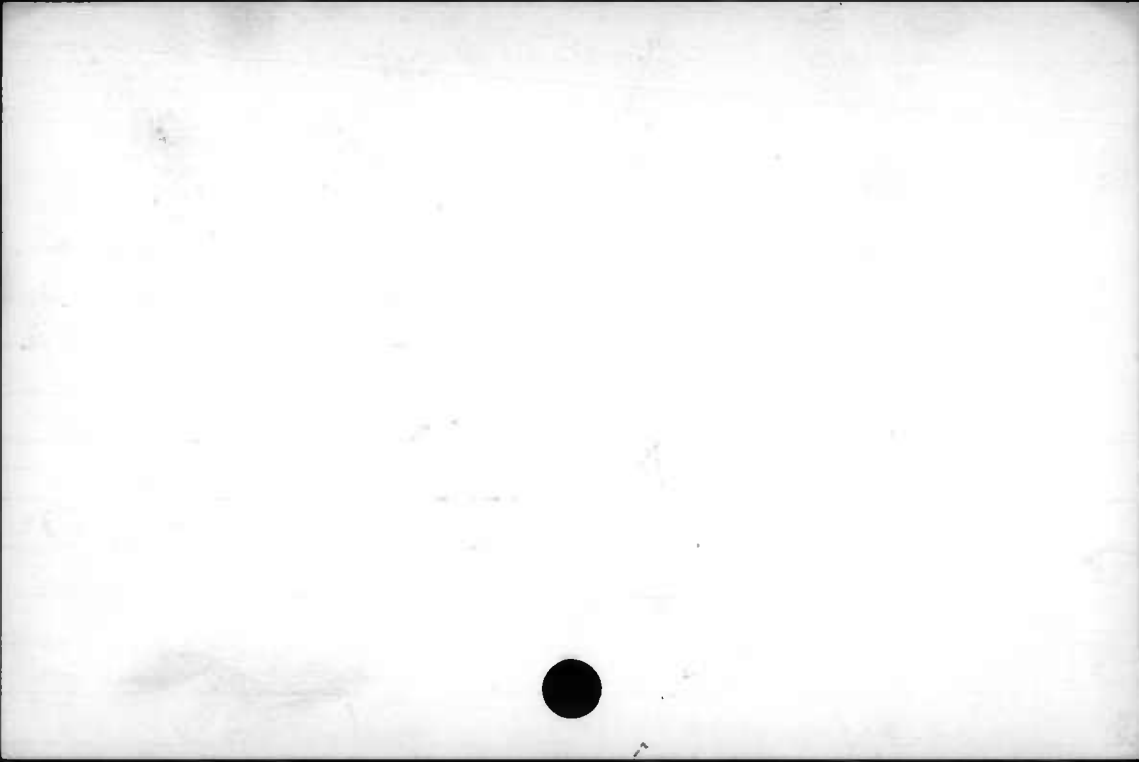
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Middletown</i>		^{County} <i>Fred. Co.</i>		MARYLAND	
Date of death 190 <i>5</i>	^{Month} <i>Nov</i>	^{Day} <i>6th</i>	^{Years} <i>32</i>	^{Months} <i>1</i>	^{Days}
Sex <i>female</i>	Color or Race <i>White</i>	Birth-place <i>md</i>			
Married, single or Widowed <i>married</i>	Occupation <i>House wife</i>				
Name of Wife or Husband <i>Lawson L. Smith</i>					
Father's Name <i>Mathias Rice</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Nancy Ambrose</i>			Mother's Birthplace <i>md.</i>		
Name of person giving information <i>Lawson Smith</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Rheumatism</i>	How long <i>About 3 yrs.</i>
Immediate <i>Paralysis & Heart failure</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Roy V. Hawver M.D.</i>
	Address <i>Middletown Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Catoctin*

Town

Fred

County

Date

of death

1905

Month

Nov

Day

20

Age

Years

Months

Days

*1**14*

Sex

*Male*Color or
Race*white*Birth-
place*Catoctin*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*W. E. Smith*Father's
Birthplace*Ind*Mother's
Maiden Name*Mora Hedges*Mother's
Birthplace*Ohio*Name of person giving
Information*W. E. Smith*How related
to deceased*Father*

CAUSES OF DEATH

Primary

How long

Immediate

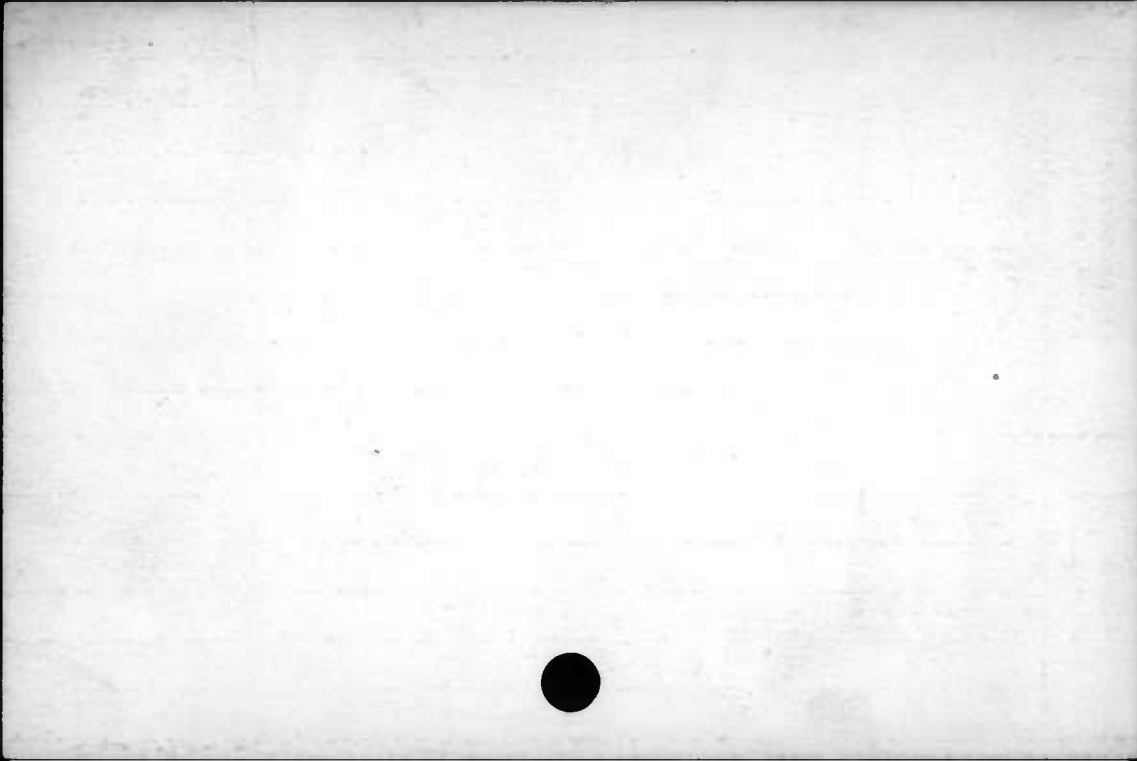
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*J. H. Teeter**Undertaker*

Accident or Suicide?



Name
in
Full

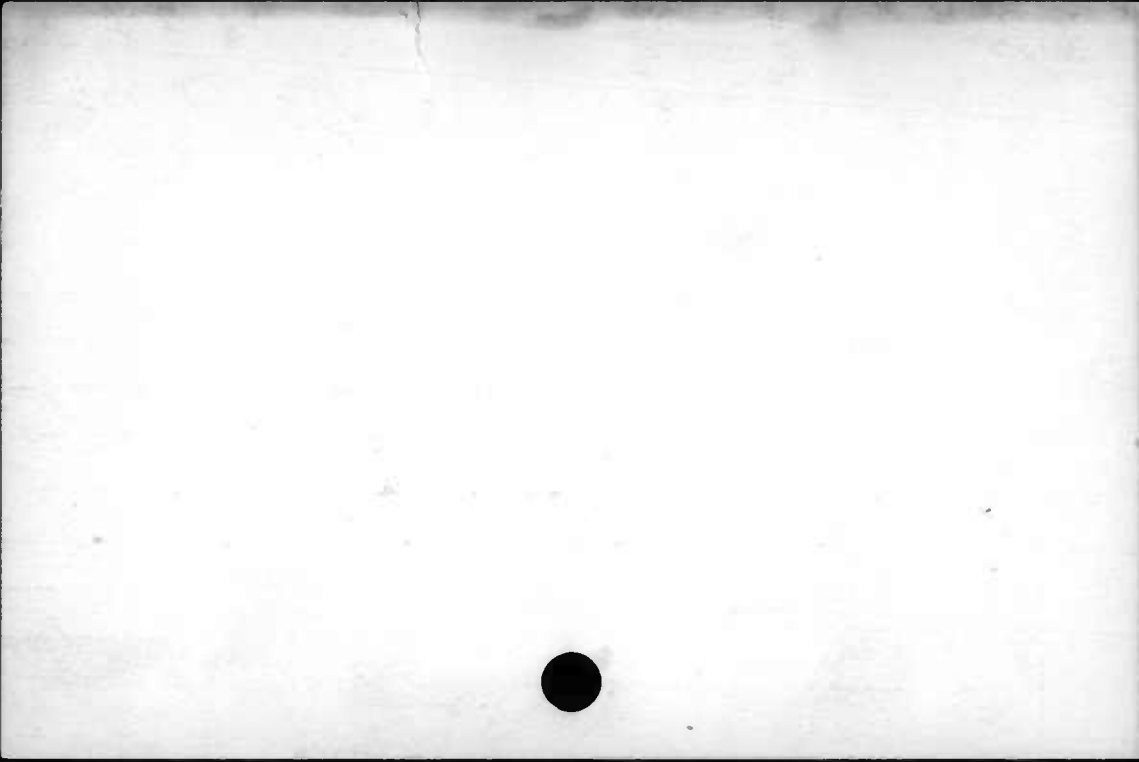
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Unionville</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1905	Month	Novbr.	Day	30	Age	42
Sex	Female	Color or Race	White	Years	6	Months	13
Occupation	Housewife		Birth-place	Maryland			
Where Residing if not at place of death	at place of death						
Married, Single or Widowed	Single		Name of Wife or Husband	Milton Smith			
Father's Name	Jacob Forman			Father's Birthplace	Md.		
Mother's Maiden Name	Martha Horton			Mother's Birthplace	Md.		
Name of person giving information	Harry Stitley			How related to deceased	No.		

CAUSES OF DEATH

Primary	Phthisis Pulmonalis	How long	about 2 years
Immediate	Exhaustion	How long	m
Are the name, age, sex, color, date and place correctly given above?	Yes-	Signature of Physician	Thos. P. Sappington M.D.
		Address	Unionville, Maryland.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Henry Smith*

Died at *Liberty* Town *Frederick* County *MARYLAND*

Date of death 190 *5* Month *Nov* Day *26* Age *72* Years *11* Months *4* Days

Sex *Male* Color or Race *White* Birth-place *Liberty*

Married, Single or Widowed *Widowed* Occupation *Farmer*

Name of Wife or Husband *Christina Fogle*

Father's Name *Anthony Smith* Father's Birthplace *Johnsonville*

Mother's Maiden Name *Anna Barbara Eyles* Mother's Birthplace *Liberty*

Name of person giving information *William Smith* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Suppression of Urine* How long *One week*

Immediate *Tracemic poison* How long *48 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Jas C Sappington*

Address *Libertytown*

Accident or Suicide?

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah Louisa Spriggs</i>		Town <i>Petersville</i>		County <i>Frederick</i>		MARYLAND	
Died at		Month <i>11</i>		Day <i>7</i>		Years <i>18</i>	
Date of death <i>1905</i>		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Petersville</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William Henry Spriggs</i>		Father's Birthplace <i>Petersville</i>					
Mother's Maiden Name <i>Eliza Hunter</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Wm H Spriggs</i>		How related to deceased <i>Father</i>		<i>27</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis + Comp-</i>		How long <i>6 months</i>	
Immediate <i>" "</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Sam'l Classen</i>	
		Address <i>Petersville</i>	
Accident or Suicide?		<i>MD</i>	



Name
in
Full

Stone Elizabeth

CERTIFICATE OF DEATH

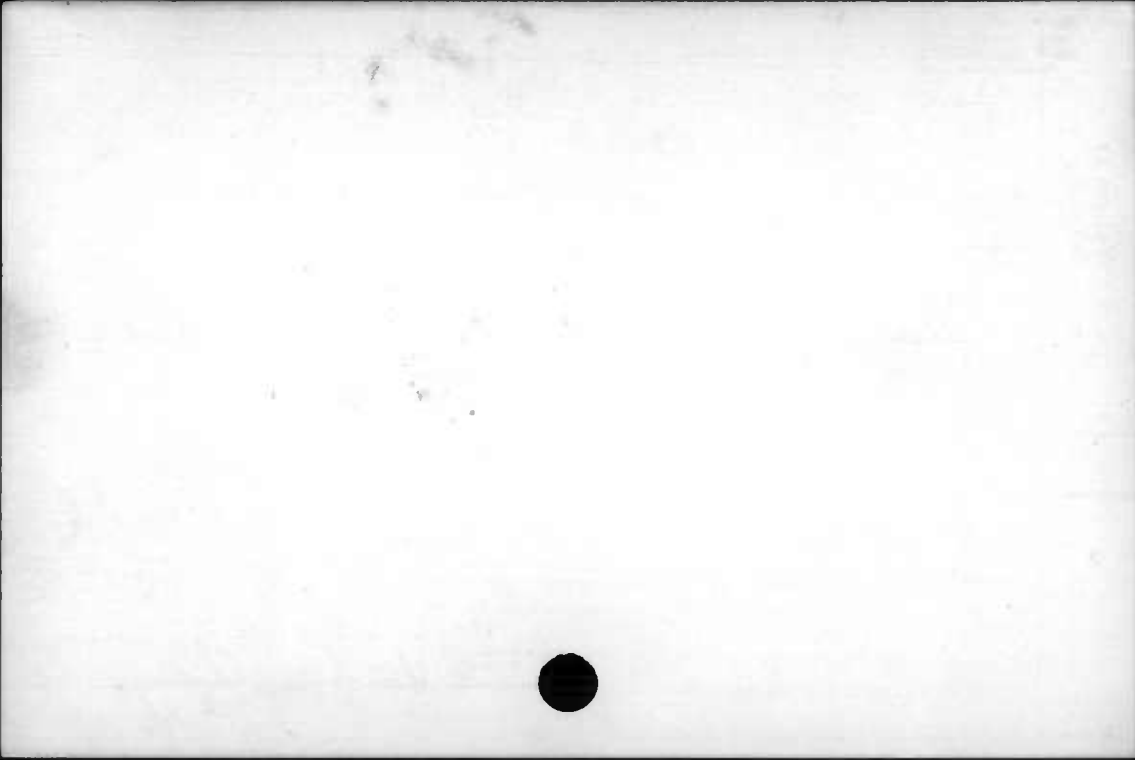
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bloomfield</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>190J</i>	Month <i>11</i>	Day <i>19</i>	Years <i>74</i>	Months <i>10</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Frederick Co., Md</i>		
Occupation <i>Wife & Mother</i>		Where Residing if not at place of death <i>as Stated</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Absalom Stone</i>				
Father's Name <i>William</i>	Father's Birthplace				
Mother's Maiden Name <i>Annie</i>	Mother's Birthplace				
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Breast</i>	How long <i>40</i> Years
Immediate <i>Asthma</i>	How long <i>3</i> Years
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W P Hahn</i>
<i>No</i>	Address <i>Frederick Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

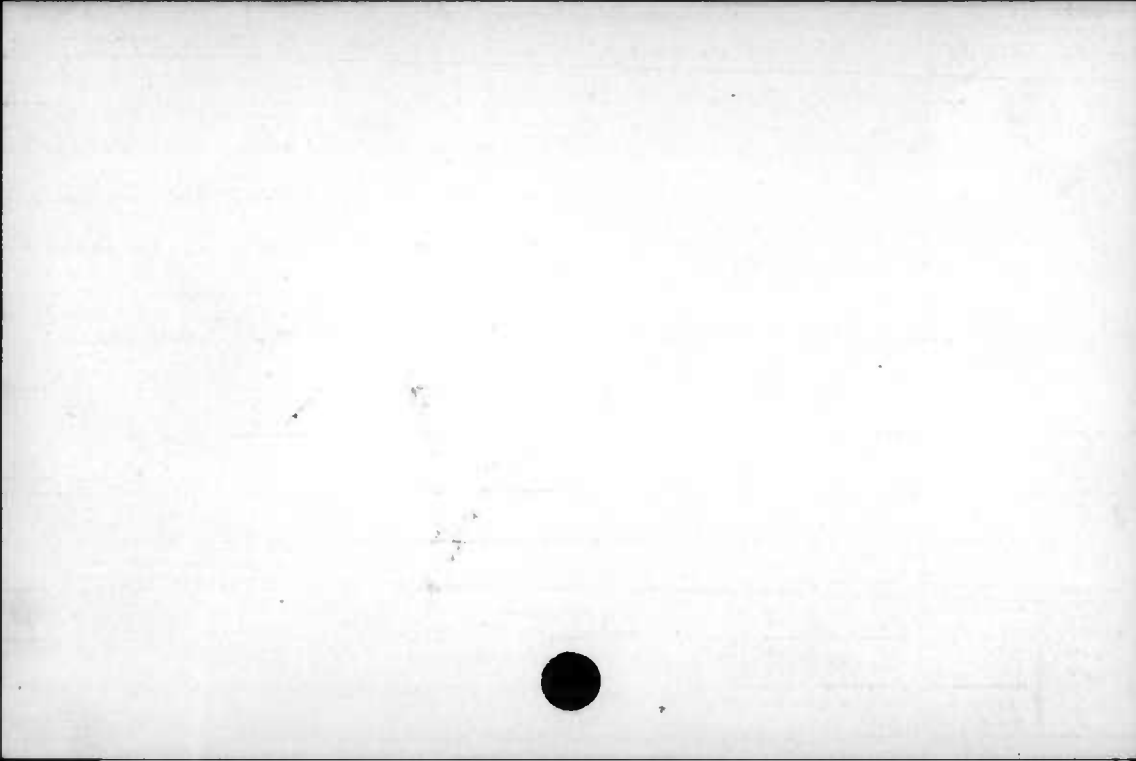
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Leander S. Stull</i>		Town <i>Creagerstown</i>		County <i>Frederick</i>		MARYLAND	
Died at		Month <i>Nov</i>		Day <i>18</i>		Years <i>74</i>	
Date of death <i>1905</i>		Age <i>74</i>		Months <i>7</i>		Days <i>16</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fredk Co</i>			
Occupation <i>Retired Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary E. Putman</i>					
Father's Name <i>Michael Stull</i>		Father's Birthplace <i>Bethel Md</i>					
Mother's Maiden Name <i>Hannah Hedges</i>		Mother's Birthplace <i>Bethel Md</i>					
Name of person giving information <i>Mary E. Stull</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enlargement of Prostate gland</i>	How long <i>10 years</i>
Immediate <i>Hemorrhage of Prostate gland</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. S. Young</i>
	Address <i>Creagerstown, Fredk Co</i>
Accident or Suicide?	



Name
in
Full

Baker Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *McKays PO*

Town

Frederick

County

Date of death *1905*

Month

11

Day

*8*Age *38*

Years

Months

Days

Sex *Male*Color or
Race*Caucasian*Birth-
place*Frederick Md*Occupation *Laborer*Where Residing if not
at place of death*Frederick Md*Married, Single
or Widowed*Married*Name of Wife or
Husband*Christie Baker*Father's
Name*J. H. Baker*Father's
Birthplace*Frederick Md*Mother's
Maiden Name*Jessie Smith*Mother's
BirthplaceHow related
to deceased*Brother*

CAUSES OF DEATH

Primary

Tumor of Brain

How long

(?)

Immediate

Asthenia

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Dr. Fahmy Md**Frederick Md*

Accident or Suicide?

Mrs. Miller

Interment Dec 5th
at McKaig
T. P. Rice

Name
in
FullElizabeth
Town
FredkThomas
County
Fredk

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1905

Month

Nov

Day

29

Age

Years

65

Months

3

Days

—

Sex

Female

Color or
Race

Colored

Birth-
place

Fredk Co. Md

Occupation

Cook

Where Residing if not
at place of death

Same

Married, Single
or Widowed

widow

Name of ~~Wife~~
Husband

Nelson Thomas

Father's
Name

David Hill

Father's
Birthplace

Fredk Co. Md

Mother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Amanda Poole

How related
to deceased

None

CAUSES OF DEATH

Primary

angina Pectoris

How long

Immediate

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Wm Campbell

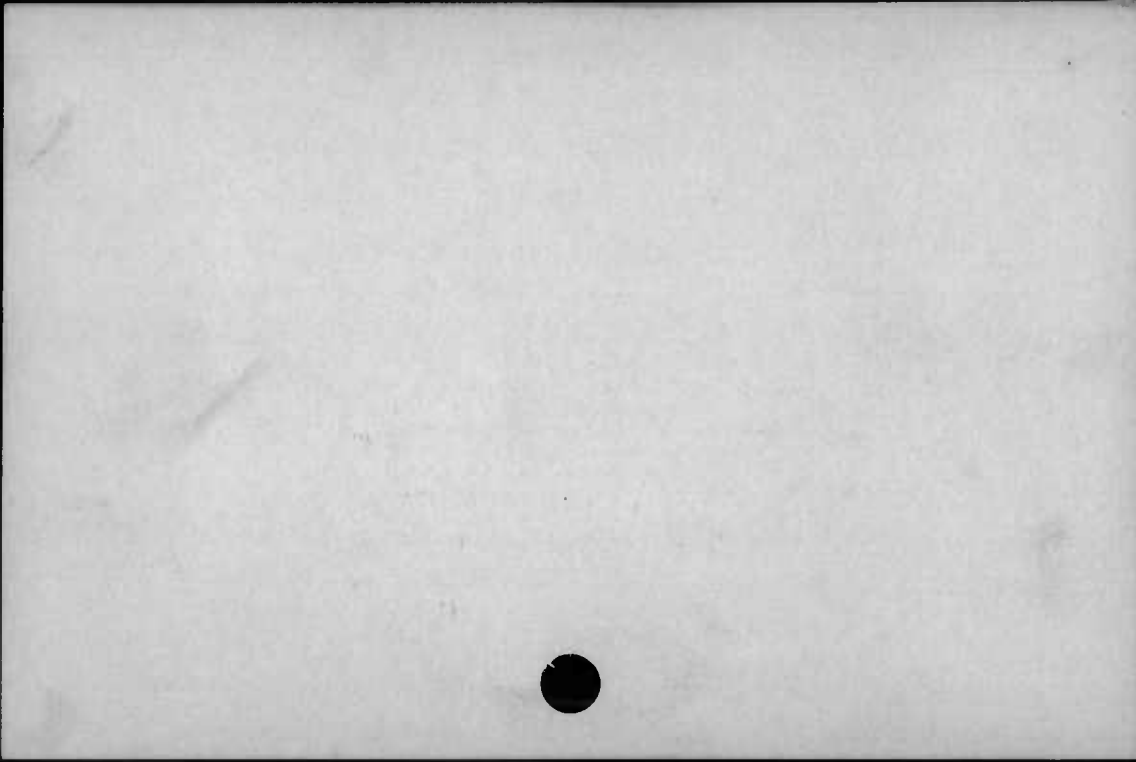
Address

Fredk Md

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

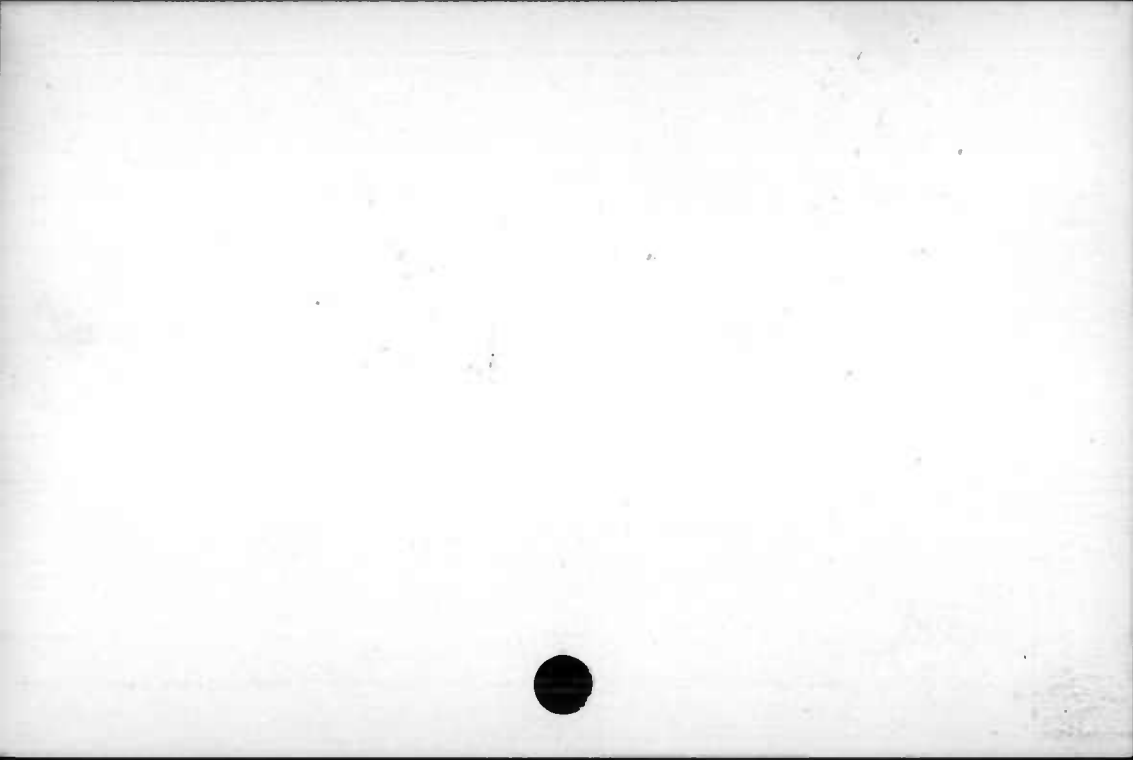
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Baltimore</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>17</i>	Years <i>64</i>	Months <i>--</i>	Days <i>--</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charles Thompson</i>				
Father's Name <i>John Cartail</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Catherine Frogg</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Bessie V. Thompson</i>	How related to deceased <i>daughter</i>				

CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>1 week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. C. Hopkin</i>
	Address <i>New Market</i>
	<i>Maryland</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Adams Wesley

CERTIFICATE OF DEATH

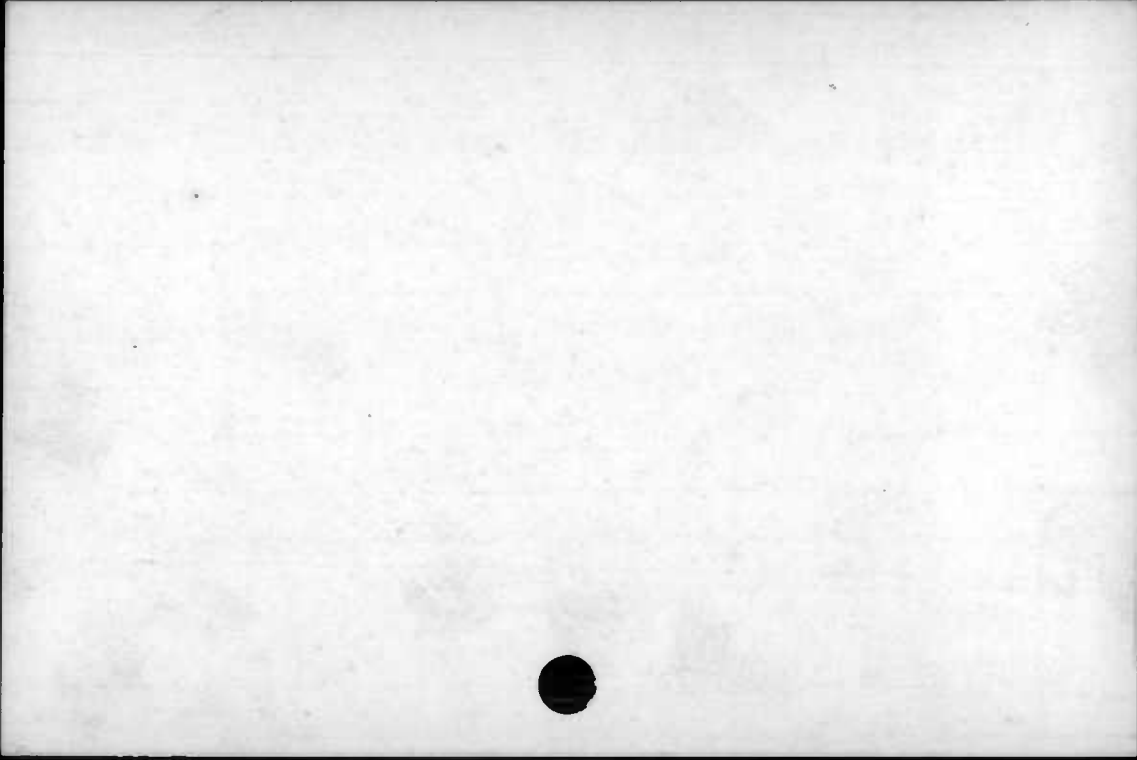
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death		Month <i>Nov</i>	Day <i>23</i>	Age <i>68</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Va</i>			
Occupation <i>Laborer</i>				Where residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name <i>Unknown</i>		<div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 154 </div>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>"</i>				Mother's Birthplace			
Name of person giving information <i>Fannie Wesley</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General debility</i>		How long	<i>+</i>
Immediate	<i>Cardiac asthma</i>		How long	<i>+</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>D. H. G. Bourne</i>	
			Address <i>Frederick Md</i>	
Accident or Suicide?				



Name
in
Full

Andrew Wickless

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death	1905	Month Nov.	Day 10	Age —	Years —	Months —	Days 2 hours
Sex	Male		Color or Race	White		Birth- place	Frederick md
Occupation	— None			Where Residing if not at place of death		at place of death	
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	Charles Wickless					Father's Birthplace	Fred's Co.
Mother's Maiden Name	Renee Riddlemoser					Mother's Birthplace	" "
Name of person giving In formation	Chas. Wickless					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth	How long	2 hours
Immediate	Exhaustion	How long	" "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Labner MD
		Address	73 E Church St Frederick md
Accident or Suicide?			

